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MARK NICTER

IDIOMS OF DISTRESS: ALTERNATIVES IN THE EXPRESSION
OF PSYCHOSOCIAL DISTRESS: A CASE STUDY FROM
SOUTH INDIA

ABSTRACT. This paper focuses attention on alternative modes of expressing distress and the need to analyze particular manifestations of distress in relation to personal and cultural meaning complexes as well as the availability and social implications of coexisting idioms of expression. To illustrate this point the case of South Kanarese Havik Brahmin women is presented. These women are described as having a weak social support network and limited opportunities to ventilate feelings and seek counsel outside the household. Alternative means of expressing psychosocial distress resorted to by Havik women are discussed in relation to associated Brahminic values, norms and stereotypes. Somatization is focused upon as an important idiom through which distress is communicated. Idioms of distress more peripheral to the personal or cultural behavioral repertoire of Havik women are considered as adaptive responses in circumstances where other modes of expression fail to communicate distress adequately or provide appropriate coping strategies. The importance of an 'idioms of distress' approach to psychiatric evaluation is noted.

In any given culture a variety of ways exist to express distress. Expressive modes are culturally constituted in the sense that they initiate particular types of interaction and are associated with culturally pervasive values, norms, generative themes, and health concerns. Studies of ethnopsychiatric phenomena are sensitive to 'cultural factors'.¹ However, most studies, are limited to a consideration of a single mode of experiencing distress. One mode is viewed as if through a wide angle lens. The subject of inquiry is first seen against a broad cultural background. It is then approached more closely with the assistance of theoretical models, filters, which serve to highlight particular features. However, as in the case of a wide angle lens, when one subject is focused upon and approached closely, depth of field, the view of the subject in relation to context, becomes problematic and dimensionality is lost.

It will be argued in this paper that greater perspective can be gained by viewing ethnopsychiatric phenomena as idioms of distress² underscored by symbolic and affective associations which take on contextual meaning in relation to particular stressors, the availability and social ramifications of engaging alternative expressive modes, and the communicative power of these modes given intervening variables and the responsiveness of concerned others. To illustrate this approach, the case of Havik Brahmin women is presented. Coexisting idioms of distress culturally available to these women will be discussed in relation to core Brahminic values, norms, and stereotypes of women. Case vignettes will be cited to illustrate how manifestations of seemingly peripheral expressions

of distress serve adaptive functions when other idioms fail to communicate adequately.

GENERAL BACKGROUND

The Havik Brahmin community being considered is primarily composed of arecanut agriculturists who migrated to South Kanara district from northern districts of Karnataka State, South India in the last 100 years. Havik settlements are scattered along the base of the Western Ghat mountain range and inland from the coast of the Arabian Sea. As opposed to the centralized Havik settlements of northern districts (Shimoga, North Kanara), South Kanarese households are spread out and located in strategic places affording the best view of their adjoining areca gardens. Each areca garden is so much its own world that women of neighboring households sometimes do not meet for several weeks or months.

Havik women are primarily involved with maintaining a routine style of life which places emphasis on the observance of purity regulations, the time consuming processing and preparation of foodstuffs in accordance with indigenous notions of health, and the management of areca garden laborers. Until recently Havik women rarely had an opportunity to leave the household except to attend a marriage in the family or a special ritual in a temple. In contrast, men have had to leave the world of the garden frequently to be involved in the sale of the areca cash crop.

A sharp rise in arecanut prices in the post World War II era resulted in a significant rise in status for migrant Haviks. Enforcement of land reform legislation, however, led to an increasing number of Havik men going for higher studies so as to secure jobs in the outside world of equal status to that enjoyed by brothers managing the family property. As more and more young men completed higher studies, demand for more educated marriage partners resulted. While many Haviks have taken up professional jobs and moved to more cosmopolitan areas for work, life in the areca garden is still portrayed as the ideal.

CONTEMPORARY SOURCES OF PSYCHOSOCIAL CONFLICT AMONG

HAVIK WOMEN

The Havik Brahmin woman is bound by sanctions against remarriage and divorce and she is alienated from her natal home and the support of her peers, mother, and sisters after marriage (Harper 1969). In the last decade greater geographic and kinship distance between partners in Havik marriage alliances has been preferred (Nichter 1977a). This has led to a weaker family support network for young wives. Moreover, as rural Havik households are scattered, and Havik women have considerable household managerial duties, limited occasions exist

for visiting neighboring Havik households. Thus, a Havik woman has little opportunity to discuss problems with her mother, sisters, close school friends and Havik neighbors, with whom gossip about family matters is discouraged. Within an extended family, a Havik woman may develop a close, confidential relationship with a mother-in-law or sisters-in-law. In many cases, however, it is relationships with these women which prove to be a source of anxiety and distress.

The Havik woman has traditionally been prepared for her entrance into a new family as one with low status. At a young age, a Havik girl is taught to suppress her feelings and be dutifully compliant. She is trained to serve her elders and concede in petty disputes to her brothers. Emphasis is placed on obedience and she is scolded for signs of arrogance, anger, rebellion, or independence. It is not uncommon for a Havik mother to test her daughter by giving her difficult tasks to perform.³ This is not out of unkindness, but rather to prepare her for the life she might have to face in her husband's house. Above all else, a Havik girl is taught to adjust to a new life in her husband's house as her fate, her *hanne baraha*, the writing on her forehead.

Of late, modernization has had an increasing impact on Havik households. As a result of a general Brahmin emphasis on higher education, Havik girls enjoy the freedom of attending secondary schools and local colleges. Increased educational opportunities have been beneficial in terms of broadening a woman's field of general knowledge, but they have also given rise to a new set of problems. Higher education raises a girl's social status, increases her marriage prospects, and is a good way to fill in time before marriage. However, a law of diminishing returns exists. Over-education is counter productive for few men will marry a woman whose professional status is higher than their own. An intelligent and ambitious young woman is therefore caught in a dilemma of having to choose between a career or a marriage partner and the subordination of individual ambition. Inasmuch as an unmarried woman is pitted in Brahminic culture (regardless of her scholastic or career achievement), and arranging a marriage is the moral duty of the family, a decision to follow a career or take up higher studies is anxiety laden.

Most young Havik women of the current generation are encouraged by their parents to attend liberal arts courses before marriage. These courses alter a student's frame of reference and interests. Upon graduation Havik women are expected to reenter the mainstream of traditional life and wait in their parent's house patiently until their marriage. This waiting period has always been a time of apprehension, but conditions today make it more complex. Havik girls attending higher level schools have been exposed to the media, to the romanticism of cinema and novels. It is not so much their values which are altered by the media, but their expectations. These expectations alter the way they view potential marriage partners and their families.⁴

Another source of conflict faces an educated girl after marriage. As a new wife, she enters her husband's house with the lowest status in the family hierarchy. If she marries into an extended family she is initially treated with kindness and tolerance by her senior sisters-in-law and her mother-in-law. However, it is common for a mother-in-law and a husband's sisters to display jealousy and view the new wife as a threat. Infatuation with a wife by a son is viewed by his mother as a transference of loyalty with a possible repercussion being neglect of pre-existing family obligations.⁵ Sisters who idolize and vicariously share their brother's adventures also exhibit jealousy.

A wife's status is not clearly defined until the birth of a child. A first pregnancy or subsequent pregnancy, until the birth of the first son, is a source of considerable anxiety. Gradually, a young wife's status increases as she bears a son and her husband's younger brothers take wives. However, a young educated wife often finds herself alienated from her less educated sisters-in-law and mother-in-law. It is not uncommon for her seniors to be jealous of her or feel threatened by her achieved status in a world in which they are unfamiliar.

These are just a few sources of conflict which Havik women face and it would not be difficult to compile a long list of other stressful situations. Instead we will turn our attention to cultural modes of expressing distress available to Havik women. The following modes of expression will be considered:

- (a) Commensality, Weight Loss, Fasting, and Poisoning;
- (b) Purity: Obsession and Ambivalence;
- (c) Illness;
- (d) External Forces of Disorder: The Evil Eye and Spirit Possession; and
- (e) Devotion.

Commensality, Weight Loss, Fasting, and Poisoning

Food is an idiom wherein individual feelings as well as group obligations are expressed in the Havik community. While a Havik woman cannot openly express her feelings toward her husband or in-laws, she can communicate her mood within the culinary sphere by her attentiveness in serving family, guests and visiting kin. Haviks often speak of the quality of a marital relationship by referring to a wife's attentiveness in providing customary drinks and eatables to guests and relatives. The presentation of a particular food or drink involves subtle kitchen politics. A guest or relative's status is carefully weighed in accord with family obligations before a gift of food is presented.

On several occasions I observed that in Brahmin houses where marital or inter-family relations were strained, a wife commonly let this be known by not paying due respect to her husband's guests *vis-à-vis* the food presentation cycle.

Instead of an honored guest being served cold buttermilk and a spoon of the family's best mango pickle, a cold cup of coffee would be brought out of the kitchen after an embarrassing pause in time. Such incidents were noted, discussed in detail by relatives, and considered as signs of discord.

Weight as a frequent topic of conversation is related to the state of one's well being. Within normal limits to say to a Havik woman that she has gained weight is a positive statement about her health and overall appearance, including mood. To say, on the other hand, that she has lost weight is an indication that she appears to be 'down' as a person as well as in weight and strength. In conversation when this comment is addressed to a woman it is an invitation for her to talk about her life and her state of well being. Accordingly, inasmuch as weight is a measure of health and well being, loss of weight, or comments about loss of appetite or taste, may be employed as a means of calling attention to loss of well being. This is recognized by *ayurvedic* practitioners who inquire about weight, appetite and taste both to diagnose vitiated body humors and as a means of inquiry about psychosocial issues.

Fasting is another means of expressing conflict and distress within the food idiom. Fasting marks occasions of transition in Hindu tradition as well as being an offering to gods and a means of purification. Fasting may also be undertaken as a means of self-chastisement, a way of signifying the renunciation of a role or relationship, or as a means of social protest where social distance is articulated.⁶ Not uncommonly, if a quarrel occurs in a Havik household a house member may refuse to take meals, the central social activity of the family. This action, or rather inaction, denotes to family members the person's symbolic detachment from the social unit defined in large part by shared commensality. Women eat together after males are served. Fasting, if short term, is therefore a statement primarily addressed to other women. Longer term fasting comes to the attention of the entire family.

A more dramatic means of expressing anxiety *vis-à-vis* the food idiom is by a fear of poisoning. Suspicion of poisoning was observed to be most rife in joint families either on the brink of partition or existing 'begrudgingly' as corporate units only for survival purposes.⁷ Both of the 'hand poison', *kai visha*, cases involving Havik women which I recorded concerned sisters-in-law who were not on the best of terms. In each case one sister-in-law suspected the other of poisoning her children or husband's food. Suspicion reached a paranoid dimension. Occasions of illness, particularly illnesses connected to the digestive process, were exploited as evidence of *kai visha*. In both of the cases, afflicted family members were initially brought to a cosmopolitan doctor and then to an *ayurvedic* practitioner. The women expressed dissatisfaction with the efficacy of treatment although the abilities of the practitioners consulted were not questioned. This led to the possibility that other etiological factors such

as poisoning might be involved, factors which were investigated through consultations with astrologers.

Purity: Obsession and Ambivalence

Among the Brahmin community, purity is a concept related to ritual caste status and prestige (Dumont 1970) as well as themes which purity beliefs address, such as control, and concordant plans of action, such as the closing of domains of space (body space and social space) to the influence of malevolent forces (Harper 1964).⁸ Purity is an idiom through which conflict and anxiety is commonly expressed in Brahmin culture; an idiom exploited by groups as well as individuals. For example, discord within a Havik community — households contributing to the upkeep of a temple — is often expressed with reference to the temple having become polluted. A common theme is that the temple (a symbol of corporate identity) has become polluted by a menstruating woman (a symbol of the liminal). On an individual basis, the use of the purity idiom by Havik women involves both an obsessive preoccupation with purity as well as ambivalence toward this important cultural value upon which a Brahmin's ritual status is based.

One example of an obsessive preoccupation with purity being used to communicate distress involves mother-in-law/daughter-in-law relationships; a recurrent theme in Havik folk tales. In two Havik households identified by other Haviks as undergoing notable family discord, I observed mothers-in-law who excessively worried about the purity of their households and displayed considerable anxiety about minute details of minor purity regulations. Both let their anxiety about such details interfere with the ability of other household members, most notably daughters-in-law, to carry out household duties in a routine and timely manner. Daughters-in-law were scolded and blamed in good measure for their lack of concern about purity regulations although their efforts seemed to accord with those observed in other households.

Preoccupation with purity may be seen as both a mother-in-law's expression of control over her daughters-in-law and an expression of aggression towards daughters-in-law as competitors for the attention of sons. The latter pattern of behavior was perceived by younger Havik wives as part of a strategy employed by mothers-in-law (particularly widows) to discourage intimacy between sons and wives. Purity in this context, may be interpreted as a symbol of corporate family status. Preoccupation with purity would constitute a means of expressing anxiety about corporate family status with the daughter-in-law viewed as a threat to the integrity of preexisting interrelationships.

A second type of case involving an obsessive concern for purity was observed in the households of a middle-aged childless wife and a young widow. Both

women became excessive house cleaners in a manner which was recognized as unusual by other Haviks. This type of activity may be seen as an unconscious expression of self-worth (measured on a scale of purity) as well as a defense mechanism related to their ambiguous social status as sexually non-productive women; a status latently associated with connotations of impurity and uncontrol. One of the women complemented her meticulous attention to the details of purity regulations with spiritual and devotional practices. This increased her ritual status in a manner which might be interpreted as compensating for her weak social status within the family.

Two women with long standing marital problems recognized by other Haviks as particularly stressful utilized the purity idiom in contrasting ways. One woman became compulsive about purity as well as involved in increased devotional/religious activity. Her husband had for some time wandered around the community rather irresponsibly, disregarding family and garden managerial duties. An *ayurvedic* practitioner was periodically consulted by the woman for feelings of weakness, dizziness, and loss of appetite. When interviewed, the *vaidyā's* impressions of the woman's obsessive preoccupation with purity and increased religiosity were that they served as: (1) a means of reminding her husband of his social religious obligations — his family duty, (2) a way of controlling her emotions, and (3) a means of protecting herself during a time of social as well as spiritual vulnerability — her husband's absence placed her in a tenuous social position and his failure to conduct routine rituals placed the family in a vulnerable position in respect to attack by malevolent forces.

In contrast to the latter case another Havik woman expressed passive aggressive feelings toward her husband through the showing of ambivalence toward household rituals and purity regulations. Her history revealed an unfulfilled set of expectations entertained prior to marriage. Her husband was, at the time of marriage, a recent graduate of a technical college who owned a scooter and was planning to live and work in a city where the woman had attended two years of college. After marriage her husband opted to return to his natal home in a village area. He became involved in inter-family politics and eventually claimed his share of garden land and built a house. This venture forced him to sell his scooter and change his immediate life style considerably. After two years of life in an urban college and three years of life in a joint family, the woman's present social isolation and fall in economic status caused her to feel remorse. This was aggravated whenever she heard of the more romantic lot of her younger sister who married a petty government servant with much less status potential than her graduate husband. It was noted by her husband's brother's wife, that after hearing news of her younger sister, the woman would become particularly lax in the preparation of her husband's routine household rituals. Her behavior contrasted with that of her husband who had become increasingly interested

in raising his status within the community through Sanskritization (Srinivas 1964), the display of greater interest in ritual activities and the study of Sanskrit through a correspondence degree course. The woman, moreover, displayed little interest in preparing special foods or in the timely serving of her husband's friends or relatives when they visited the house. In contrast, visits by her brother elicited enthusiastic response, and it became clear from talks with the woman that she took greater vicarious pleasure in the life of her brother, a bank clerk, than that of her husband.

In this case, purity at once provided a means whereby the woman's husband could attempt to gain increased social status vis-à-vis Sanskritization, and an idiom through which she could passively voice protest for her disappointment and failed expectations.

The Illness Idiom

Multiple therapy systems comprise the South Kanarese health arena including: allopathy, astrology, *ayurveda*, homeopathy, exorcism, spirit possession, and eclectic combinations. An investigation was undertaken to determine illness specific patterns of health care-seeking resort and preference (Nichter 1978). One pattern suggested by a study of practitioner clientele and corroborated by a community preference survey of 100 women stratified by caste range (Brahmin, Shudra, Harijan, Muslim) was that irrespective of caste or class (low/middle class) women overwhelmingly (87%) preferred *ayurvedic* treatment for menstrual disorders and leukorrhea. Interviews with six popular *ayurvedic* practitioners (all upper caste Hindus) established three important points. First, these practitioners identified the aforementioned complaints as humoral imbalances as well as illnesses presented by women in psychological distress. Secondly, it was noted that Brahmin and Muslim women were significantly over-represented (in relation to population size) as patients presenting these complaints. Thirdly, all six of the practitioners recognized that Brahmin and Muslim women's mobility outside the home environment was restricted and a trip to a practitioner constituted one of the only opportunities for them to approach an outside source of guidance or support. Two questions arose: why were leukorrhea and menstrual complaints more commonly presented to *ayurvedic* practitioners, and why were they commonly associated with psychosocial distress? In order to shed light on these two questions, it is necessary to consider the cultural patterning of symptom reporting and the semantic meaning complex associated with menstrual disorders, leukorrhea and other symptoms associated with distress. We may begin by focusing on the patterning of symptoms reported to practitioners.

South Kanarese villagers' manner of symptom reporting to medical practitioners is influenced by notions of ethnophysiology and etiology as well as by

keen observation and a sense of pragmatism. Villagers are keen observers of which symptoms are impressive and evoke desired responses from different types of practitioners. During interviews with lay informants, I found they had learned that placing emphasis on a symptom such as fever increased the interest of cosmopolitan practitioners resulting in a greater chance of receiving desirable medicines. Symptoms, such as indigestion, menstrual disorders, and leukorrhea considered important to laypersons and indigenous practitioners (*vaidya*) were viewed as relatively unimportant to cosmopolitan practitioners.

In clinical settings, I observed that patients consulting *vaidya* tended to order symptoms so as to first convey the seriousness of their case and the overall state of their well being to the *vaidya*. The ordering of symptoms into an impressive sequential pattern was largely influenced by indigenous ideas of physiology which placed *emphasis on routine body cycles* (e.g., appetite, digestion, sleep, menstruation). It was widely observed that symptoms indicating the disruption of essential body cycles and states of vulnerability were cited prior to symptoms of seemingly more immediate importance seen from a perspective of physical discomfort. Moreover, the reporting of somatic symptoms was observed to take precedence over more descriptive statements indicative of affect states. Such states were rarely elaborated or dwelled upon, and discussion about affect was almost always initiated or followed up by concern shown about a somatic complaint.

In general, emphasis on the disruption of routine body cycles, such as the digestive or menstrual cycles, served to impress a *vaidya* with the severity of the patient's problem set and general loss of well-being. Popular *vaidya* facilitated this pattern of symptom presentation by asking about the effect of reported complaints on essential life processes. This was done in a rhetorical manner which served to enhance the status of the *vaidya* as one who could see into the 'person' as opposed to simply dealing with a 'case'. This, moreover, affirmed to patients, particularly those with salient psychosocial aspects to their illnesses, that the *vaidya's* interest was in restoring their health and well being and not just in managing a particular symptom set. This served to invite discussions of issues related to general well-being, not simply symptoms.

In order to ascertain whether menstrual complaints and leukorrhea were commonly reported to *vaidya* by patients suffering from significant psychosocial distress a study was undertaken of the clientele of a popular *vaidya*.

The practitioner chosen for study, whom I will call Gopal, is an esteemed Havik *ayurvedic vaidya* who resides in a rural region of the district. He sees between 10-30 patients on weekdays and between 30-75 patients on weekends. Gopal agreed to take a detailed family history of all patients whom he suspected were distressed about significant psychosocial problems on the basis of a cursory history.

Data were collected for one hundred female patients, ranging in age from 16-45, who were deemed to have significant psychosocial problems. Included were patients whose problems were thought to:

- (a) precipitate or complicate physical symptoms (as psychogenic or precipitant/aggravating factors).
- (b) cause a patient to become preoccupied with symptoms as:
 - (1) a means of either initiating dialogue about life or ventilating feelings; and/or
 - (2) displacing affect.

Those symptoms were recorded which were reported by or elicited from these patients as major complaints⁹ (see Figure 1).

FIGURE 1

Major somatic complaints of women patients deemed to have significant psychosocial problems *

(N = 100, 57 Brahmins, 43 Non-Brahmin Hindus)

Complaint	% of informants reporting
Leukorrhea	39%
Menstrual Complaints	27% $\left\{ \begin{array}{l} \text{Of these 66\% of informants, 88\% were Brahmin and 32\% were Non-Brahmin} \end{array} \right.$
Digestive disorders/poor appetite/tastelessness	68%
Weakness/Bloodlessness	66%
Backache/Body pain **	57%
Overheat and burning sensation in body extremities	31%
Sleeplessness, disturbed sleep	30%
Dizziness, headache	22%
<i>Tali bisi</i> complaints ***	16%

Median number of symptoms per patient

4

* Only those symptoms are listed which 15% or more informants noted as major complaints.

** *Mai kavi bene*, literally body-hand pain.

*** *Tali bisi* is a general term which can be used to describe a wide range of anxiety states and states of confusion. Cases reported here were those where *tali bisi* was presented as a major symptom.

Let us consider the symbolic associations, the meaning complex, of some of the prominent symptoms noted above. We have already noted that digestive disorders, sleeplessness and weakness are commonly cited to *vaidya* as means of impressing them with the seriousness of a case. Not only does a patient have 'x' problem or illness but it is serious enough to disrupt digestion and sleep and cause weakness. We may therefore focus our attention on the symptoms of dizziness, overheat, leukorrhea and menstrual disorders.

The term *tale tirigutade*, head turning, is interpreted by most cosmopolitan practitioners literally as giddiness or dizziness. The term as used by villagers, however, denotes more than physical dizziness. This became particularly evident to me while watching an interaction between Gopal and a non-Brahmin woman who had walked five miles for a consultation carrying forty kilos of weight on her head. Given the circumstances, I initially understood the patient's complaint to be physical dizziness. It soon became apparent, however, that a literal interpretation was insufficient. Gopal elicited a history wherein dizziness and weakness were interrelated to the patient's weak position in her family in the absence of her husband and feelings of anxiety related to his belated return from a distant contract work project. As if to substantiate this latter interpretation of dizziness, the patient, who had complained of feeling dizzy during the consultation, once again took up her headload at its conclusion and walked off with a steady gait.

The point of this anecdote is that the symptom 'dizziness' was found to be associated with general feelings of disorientation both in the sense of physically losing one's balance and in the sense of losing one's sense of direction and balance psychosocially. A review of the personal histories of twenty-two of Gopal's patients presenting the symptoms *tale tirigutade* and headache as well as weakness (20 patients) revealed:

- (a) 5 cases of impending family partition,
- (b) 4 cases of economic crises,
- (c) 4 cases of women over the age of 25 anxiously awaiting marriage,
- (d) 2 cases of adjustment problems following marriage,
- (e) 1 case of a woman recently widowed having two daughters but no sons.

These 16 cases clearly illustrate situations where uncertainty and disorientation would symbolically accord with the somatic expression of dizziness.

The symptoms overheat and *tali bisi*, hot head, commonly serve as signs of general distress. Notions of ethnophysiology deem an appropriate measure of heat necessary for body functions when heat is controlled. Complaints of overheat and misdirected heat, usually in the body extremities, often signify an unbalanced emotional state. Emotions are exacerbated by heating influences, such as heating foods, alcohol, and sexuality. Conversely, suppressed emotional

states are expressed somatically by reference to overheating. A tendency was observed for 'overheat' to be reported by those internalizing more general feelings of anger, frustration, and anxiety (24 of the 31 cases) while the symptom *tali bisi* was associated with more specific ruminations about problems, worries and conflicts (all 16 cases).

In part, reference to overheating accords with what Porkert (1973) has termed an orbisconographic idea; that is, a concept that the interrelated functions of interrelated body organs in the body-mind continuum have been affected pathologically by an alteration in humoral or hot/cold balance. Kleinman (1980: 148) has highlighted another important aspect of somatic reference. Keeping the intensity of distress relatively undifferentiated by somatic reference helps distance feelings and focus concern elsewhere as a coping strategy.

Complaints of heat which are viewed as nonspecific somatizations or vague symptoms of malnutrition by cosmopolitan practitioners take on a different meaning when evaluated as possible signs of distress. Such evaluation is particularly appropriate when complaints of heat relate to symbols of control. This is illustrated by the complaints leukorrhea and menstrual disorders.

Leukorrhea, *bili hoguvudu* (white going), is a symptom state associated with a complex of cultural meanings as well as multiple etiologies. Prevalent etiological notions of leukorrhea include a dissolving of the bones, loss of *dhatu*, and overheating which may cause either of the aforementioned. *Dhatu* is an essential body humor associated with vitality, the regulation of body processes, the control of heat, enduring strength, and a positive source of health. *Dhatu* is perceived as both an elemental substance and as the quintessential form of humoral transformation. Semen functions as a *dhatu* reservoir for both males and females (Obeyesekere 1976).

Of special importance to us here is the role of *dhatu* in respect to the control of emotions. In the body, *dhatu* controls heat and thus all processes of transformation. In the mind, *dhatu* facilitates *buddhi* (intellect) which controls and gives direction to *manas* (desire) which is provoked by a quantum of heat. In order to be able to think clearly, focus one's attention, or have control over one's emotions, enough *dhatu* must be present to counterbalance heating influences. This is why, for example, emphasis is placed on the storage of semen by *yogis* working to gain special powers of concentration. Their *tapas* (literally heat producing spiritual acts) require an adequate quantity of *dhatu* to transform accentuated heat into concentration lest fever, lust or other states of uncontrolled heat result. *Dhatu* (semen) is thus a substantial form as well as a symbol of coolness, control and productive power. Loss of *dhatu* as leukorrhea connotes a loss of power, control, and positive health.

Complaints of leukorrhea were rarely presented to Gopal directly by patients. They were, however, elicited through rhetorical questioning which followed up

on symptoms of weakness, backpain, and overheating (Nichter 1981). Leukorrhea is a fairly ubiquitous complaint in rural India related to a host of nutritional, fungal, hormonal and stress-related factors. It was found that patients who became preoccupied with this symptom, or who emphasized its importance through related symptoms such as weakness, lack of concentration and 'overheat', tended to have problems over which they felt powerless to act or which placed them in positions of vulnerability. Given such situations they began to suspect that white granules in the urine or a vaginal discharge constituted a loss of *dhatu* and not, alternatively, a discharge related to 'bones dissolving'. Once interpreted as *dhatu* loss the symptom reaffirmed what afflicted persons already felt; that their vitality and well-being were slipping away.

Thirty-nine patients with a history of psychosocial distress reported *bili hoguvudu* to Gopal. Of these, fifteen women presented a personal history in which their family situation was in a state of discord. When interviewed they identified a major social conflict causing them distress. Eleven of these conflicts involved disputes with women in the family. Fourteen women presented sexual problems (excessive sex, sexual frustration) as a major stressor when the subject was queried by Gopal. Twelve women were upset about major economic problems, and three women were worried about problems in their mothers' houses which they were powerless to affect.

The menstrual cycle is of considerable health, ritual, and social significance to Hindus, particularly Brahmins. Calling attention to the menstrual cycle is a means of calling attention to 'womanliness' as well as sources of distress which accord with the meaning complex associated with the menstrual cycle. Menses is a time of body and social transition; a time when impurities are expelled from the body¹⁰ and a woman exists on the periphery of society.¹¹ Menstruation is a state of accentuated heat. According to Brahminic thought the emotions are governed by the flow of heat in the body-mind continuum. Therefore, as a woman is not in control of her bodily heat during menses, she is also not in control of her emotions. Drawing attention to the menstrual cycle thus directs attention to social, emotional, and biological instability as well as impurity (a symbol of uncontrol), social distance, and marginality. This meaning complex accords with many psychosocial problems experienced by the 27 women who reported menstrual disorders to Gopal. Preoccupation with menstrual complaints was widely associated with:

- (a) Feelings of social distance from family — 12 women;
- (b) Unstable emotions and rumination about inter-family conflicts — 14 women;
- (c) Marriage anxiety by unwed women of marriageable age — 6 women;
- (d) Anxiety due to non-pregnancy by a young wife — 4 women; and
- (e) Transition of social roles (daughter to wife) — 2 women.

Returning to the two questions initially posed, the following may be noted. Menstrual complaints and leukorrhea are more commonly presented as symptoms to *vaidya* than cosmopolitan practitioners.¹² The latter treat these symptoms as minor complaints from a biomedical perspective while the former treat them as major symptoms, signs of bodily imbalance and vulnerability which accord with concepts of ethnophysiology. Preoccupation with these complaints may serve both an impressive and expressive function. They may be cited by a patient to impress a practitioner that a problem set is indeed serious. In at least one case, impression management was linked to strategic symptom reporting to acquire a particular type of medication. As in the case of one villager suffering from anxiety who reported 'inside fever' to a cosmopolitan practitioner instead of 'feelings of overhear' so as to acquire more potent medication, a case was reported where leukorrhea was reported to a *vaidya* by a patient wanting to acquire a highly praised, *dhatu* enhancing medication which a neighbor had received for citing this complaint. Preoccupation with these symptoms may serve as a general expression of distress as both are related to important body functions. They may also be expressions of types of distress which are symbolically relevant, which accord with the personal and cultural meaning complexes underscoring these symptoms. We will return to the point of symptoms having multiple symbolic references in the conclusion.

External Forces of Disorder: The Evil Eye and Spirit Possession

Expression of distress and anxiety may also manifest as preoccupation with the evil eye or by spirit possession. The evil eye, *drishti*, is attributed to either conscious or unconscious, uncontrolled desire being focused upon a vulnerable subject. Subjects most vulnerable and prone to *drishti* are those in transitional states or stages of development (a budding rice field, nearly ripe fruit, an unfinished house, milking animals, a baby, a pregnant woman). Those most commonly suspected of casting *drishti* are persons associated with marginality and states of heightened desire with no means of fulfilling such desire such as barren women, widows, and beggars. Evil eye, like other forms of uncontrolled desire, is somatically described in relation to overhear. For example, children's illnesses associated with evil eye such as skin rashes, diarrhea, boils, and indigestion are all manifestations of overhear.

The evil eye is a complex subject having many facets. At present attention may be focused on fear of the evil eye as an expression of distress and anxiety. We may consider the case of a young Havik woman having one child, an 18 month old boy, living in an extended family. The woman, herself an only child, had resided in the household of her husband's family for five years before becoming pregnant, much to her own and her mother-in-law's dismay. The

woman was first seen when she and her mother-in-law consulted a *vaidya* about her child who was suffering from colic. During the consultation, the issue of the quality of the woman's breast milk was introduced, a subject in which her mother-in-law displayed considerable interest. The *vaidya* established by way of a diagnostic test (Nichter 1981) that the woman's breast milk was not toxic and of a suitable color and consistency. He therefore prescribed medicine to be directly administered to the child as well as medicine for the mother to consume to pass on to the child through her breast milk.

A follow-up interview with the woman and a sister-in-law revealed that she often suspected that the evil eye was cast onto her child. During the interview it was also noted that when the child cried or was in discomfort the woman's mother-in-law frequently blamed the mother's dietary habits and child care. Analysis of this case illustrates how preoccupation with the evil eye can serve as both an idiom of distress and a coping strategy.

Among Haviks, the time of breastfeeding is imbued with responsibility. A baby is an extension of the woman's body through the bond of breastfeeding as well as through a woman's ego. During breastfeeding a woman's diet is thought to affect the quality of her breast milk and her diet is restricted in accord with indigenous notions of health. It is common for elders, particularly a mother-in-law, to blame a child's ill health (particularly a case of diarrhea, skin rash, or green feces) on a mother's own eating habits. In cases, such as that noted, where a woman is in a vulnerable social position (as an only child herself, maintaining low status in the family), comments about dietary irresponsibility or child care are easily taken to heart as an indication of moral weakness or inadequacy. Obsessive fear of evil eye is an expression of such anxiety.¹³ Evil eye attribution also functions as a coping strategy; a means of mollifying feelings of responsibility for the child's ill health by projecting them onto people who are symbols of marginality such as widows and the childless.

A number of possession cults are found in South Kanara (Claus 1973, 1976, 1979; Nichter 1977b). These range from ancestor and patron *būta* spirit cults to cults of exorcism and the Siri cult, a woman's mass possession cult where initiates 'serve' a complex of Siri deities for life. These possession cults provide non-Brahmin women a variety of avenues for expressing affect, bringing to light sources of conflict and anxiety, mobilizing their families around socio-religious issues, manipulating social roles, and receiving security and moral support from other women.¹⁴ In contrast to non-Brahmin women who actively engage in spirit cults as a way of life, for the Brahmin woman spirit possession and spirit cults are peripheral sources of expression and refuge.

Havik women have available to them a smaller range of spirits of which they may potentially become possessed. Occasionally a Havik woman will become possessed by the spirit of a deceased Brahmin who died with unfulfilled

desires (*brahmarakshasa*), but it is rare for a Havik woman to become possessed by local spirits existing outside the great tradition pantheon — spirits which Haviks consider of low and impure status (Nichter 1977b). Moreover, in direct contrast to non-Brahmin women, Brahmin women do not become possessed by ancestor spirits. The primary reason for this, as Gough (1959) has noted, is that Brahmins show great concern over the welfare of their dead at the time of the death rituals, but the dead are segregated from the family and are not called upon to take an active part in their daily life.

Whereas a non-Brahmin woman may become possessed by an ancestor spirit or patron spirit and be asked to give advice and blessings to the family (Claus 1973), a Havik woman, when she becomes possessed, is characteristically possessed by a spirit deemed malevolent. Furthermore, among Haviks spirit possession is implicitly associated with impurity. It is thought that a Brahmin who is in a state of purity is not vulnerable to attack by malevolent spirits. Possession therefore carries with it a certain degree of social stigma if not embarrassment for the family.

One of the few cases of Havik possession I documented illustrates under what conditions a Havik woman will become possessed as a means of expressing distress. An unmarried Havik girl who had passed prime marriage age became possessed by the ancestor spirit of a young Havik boy who had drowned in a tank some years before. I became interested in the case, after following the girl through a progression of illness episodes which preceded her possession.¹⁵ The girl's somatic complaints included a menstrual disorder (pain during menses), non-specific burning sensations, loss of appetite and dreams. Her father took her to a nearby *ayurvedic vaidya* who placed her on a rigid diet and course of herbal treatment. The girl's condition did not improve and she was brought back to the *vaidya*. In the course of questioning her about a variety of topics, the *vaidya* learned that the girl had a dream in which a water spirit, a *ganderva*, appeared. *Ganderva* spirits are thought to woo the unmarried and copulate with them. The *vaidya* suggested that the girl be taken to a Brahmin *tantri* (an astrologer and exorcist) to receive ritual protection.

On the day that the girl's father was to see the *tantri*, a black dog was found dead near the house. The father viewed this as a sign of a sorcery attack against the family by a long-standing enemy. Therefore when he presented the case to the *tantri*, he narrated the incident of the dog's death and the daughter's illness as a chain of events, and not separate occurrences. This association signaled to the *tantri* that the father suspected witchcraft, for witchcraft is thought to attack family members progressively in terms of vulnerability (from domestic animals to children or women). Witchcraft is also thought to strike black animals first because they attract the *tanasa*, dark aspect, of witchcraft. The *tantri* divined the case as witchcraft and prescribed an expensive anti-witchcraft ritual. That evening the Brahmin girl became possessed.

The meaning of the girl's possession becomes clear when we consider her total predicament. Her initial somatic expression of distress focused attention upon her in a culturally legitimate manner. As noted in discussing the illness idiom, the symptoms she reported were of symbolic as well as somatic importance. An interview with the *vaidya* revealed that he was aware that the girl's marital status was an important aspect of the case. The girl's dreams of *ganderva* were a further indication of the type of anxiety she was experiencing, because *ganderva* are spirits associated with uncontrolled sexual desire.

After hearing about the girl's dream, the *vaidya* decided to refer her to a *tantri*. Further discussion with the *vaidya* revealed that he considered that a visit to the *tantri* would at once protect the girl and draw together the girl's family in such a way that their social/moral obligations to control the girl's sexuality by arranging a marriage would become an issue. However, when the *tantri* was consulted an accurate reporting of the girl's symptoms did not take place because of her father's anxiety about witchcraft. Attention was directed away from the daughter and her family's 'internal' obligations. Concern about the daughter became secondary to the family's concern about witchcraft and 'external' social relationships. Moreover, a considerable amount of money which would be needed for the girl's wedding expenses would now have to be spent on a witchcraft ritual at a time when the family's financial position was weak.¹⁶

Without trying to provide an overly simplistic functional analysis of the multiple factors influencing the girl's spirit possession,¹⁷ attention may be called to the fact that the immediacy of the girl's spirit possession took precedence over fears of witchcraft and served to redirect attention back to her predicament. Possession redirected attention onto the girl's state of sexuality and vulnerability (symbolized somatically by menstrual difficulties), as well as the moral obligation of her family to arrange a marriage alliance for her. Finally, an astrologer consulted about the case revealed that the spirit of a drowned, unmarried Havik boy was the primary problem and not *ganderva* spirits. Less defined spirits associated with uncontrolled desire were replaced by a more clearly defined symbol of desire related to marriage. A ritual was prescribed in which the spirit of the unmarried boy was ritually married to the spirit of an unmarried girl at a distant temple famous for such marriages. The girl's mother's brother, who was partially responsible for locating a marriage candidate for her, attended the ritual and the girl's marriage was evidently discussed with some urgency. Urgency was perhaps related to the fact that it is more difficult to marry a daughter within the Havik community once she has gained a 'stigma' for experiencing possession.

Interviews with five exorcists and temple priests, known within the Havik community for their ritual expertise in dealing with possession cases, suggest

that the number of Havik possession cases has declined significantly in the past two decades and sharply in the past decade. A decline in possession cases is related to concomitant social factors including increased economic status, education, modernization, and prestige consciousness. Presently, possession is viewed more as a marginal state than it was in the past. While traditional specialists are consulted for possession cases, there is a growing tendency to link possession with mental weakness and a growing openness to seek medical evaluation.

Devotion: Bhakti Cults

Harper (1969), in his writings about the Shimoga Haviks in the late 1950's, noted that most possession cases he recorded occurred among Havik women during that period of their lives when they maintained a low or ambiguous status in the family, i.e., when they were mature but unmarried, newly married, married but childless, or widowed. Today, an increasing number of women in these vulnerable positions find refuge in traditional yet 'modernized' devotional (*bhakti*) movements. Within the Havik community the performance of religious rites, pilgrimage, the chanting of sacred texts, and the singing of devotional hymns have always been and remain important means of both expressing and canalizing emotions, as well as gaining prestige for transforming desire and anxiety (uncontrol) into devotion (control: the sacred).

Devotion to a personal deity and a stated desire or promise to undertake a pilgrimage have long been a means of expressing distress as well as seeking blessings. Undertaking a pilgrimage also provides a socially acceptable means of leaving a stressful family situation as well as an opportunity to raise one's own status if the temple visited is renowned. Today with improved transportation facilities, distant temples are more accessible and pilgrimage has increased. Likewise, with increasing literacy, a booming trade in popular devotional books, and media consciousness more and more rural women come into contact with contemporary devotional movements. Affinity to devotional figures such as Sathya Sai Baba provides a means of personal expression within a culturally approved idiom.¹⁸ In one sense, devotional activity by Havik women corresponds to the manner in which Havik males engage in personal expression through the performance or embellishment of ritual.

The Sai Baba movement became popular in South Kanara in the mid 1960's. Most Sai Baba groups were started by prestigious individuals, including a few liberal Havik Brahmins. Most devotees were drawn from the middle and upper-middle classes and castes. Motivations for starting a group include factors ranging from spiritual inclination and the attainment of merit to status enhancement, expansion of social contacts and economic opportunities, and establishing an individual identity within a family where status competition exists or self-expression

is limited. Sai Baba groups hold weekly meetings where the singing of devotional hymns, *bhajans*, takes place.

Observations of women attending the weekly meetings of one Sai Baba group located in a South Kanarese town revealed that a number of Brahmin (Havik and Konkonee) women who were regular attenders were widows, unmarried or childless. A discussion of the therapeutic aspects of *bhakti* groups is beyond the scope of this paper. What may be pointed out is that many of the same categories of women identified by Harper in the 1950's as good candidates for possession are attracted to *bhakti* groups today. When collecting the life histories of regular women participants in the aforementioned Sai Baba group, one case was documented where an unmarried woman with a previous history of possession became an avid member of the group after being given support and respect by her family for her devotional activities. Since joining the group eight years ago, possession episodes have not recurred.

While the Sai Baba cult has not become a popular movement among the larger Havik community, individual involvement is respected and not deemed marginal behavior. In the above case involvement in a *bhakti* group appeared to serve a substitute function for possession as an idiom of distress. In other cases, devotion complemented involvement with other idioms. For example, three female Brahmin patients who consulted Gopal clearly used somatization as a means of expressing distress. They also made frequent visits to devotional figures and participated in local devotional groups. For such women, a new support network was entered into by attending devotional meetings. During these meetings somatic ailments, personal problems and miraculous cures were topics of conversation. Devotees were encouraged to recount problems which were resolved by faith. Not uncommonly stories were told about how a person had received no help or solace from consulting medical practitioners but was helped to overcome a problem by devotional activities. The story of one such devotee is illustrative and reminiscent of the case cited earlier about the young Havik girl who became possessed after expressing distress through the illness idiom.

The devotee, an upper-middle class Gowda Saraswat Brahmin woman hailing from a modern 'cosmopolitan style' family, was in her third year of college when her family started seriously looking for a suitable marriage candidate for her. Two boys were brought to the house and saw the girl. Soon afterward she complained of weakness, loss of appetite, sleeplessness, and headache. Here father brought her to a consultant M.D. who stated that aside from mild anemia she was in good health. The doctor was told by the girl's parents that she was troubled about schoolwork and so he prescribed a mild tranquilizer which apparently had little effect on her complaints. After some months the family developed growing anxiety about the girl's health because meetings with a

number of marriage candidates had to be postponed for an embarrassing length of time due to her physical complaints. A 'foreign-trained' doctor was consulted who after one month of treatment recommended that the girl see a psychiatrist.

Fearing gossip and social stigma, the family planned to take the girl to an institute of mental health located in a city some eight hours away by bus. The night before the journey to the institute, however, the girl had a dream of Satya Sai Baba. This event was remembered as unusual because the girl had displayed little previous interest in spiritual or religious matters. Of some importance is the fact that a Satya Sai Baba ashram is located just outside of the city in which the institute of mental health is located. Upon arrival in the city she asked to be taken to the ashram first before going to the institute. To comfort her, the family complied. After taking the *prasad*, the sacred offering of the guru, she told her family that she had found peace and that her symptoms had subsided. After three days of visiting the ashram, the family was satisfied that the girl was well and gave up plans of seeing a psychiatrist. Upon returning home, she became an avid member of a local Sai Baba group, maintained a personal devotional routine, and after two months asked for and received family permission to attend a devotional retreat at the ashram.

An important lesson may be abstracted from the case. As in the former case of the possessed Havik girl, this girl first presented somatic symptoms as a means of expressing distress. In the latter case, symptoms were used as a coping mechanism postponing marriage while in the former case they brought up marriage as an issue. In both cases, the somatic idiom did not prove to be an efficient means of communication, symptoms became exacerbated, and referrals to other specialists threatened to complicate the problem rather than provide a coping strategy. An exorcist misconstrued the case of the first girl while a visit to a psychiatrist threatened the second girl with social stigma and a label of mental weakness. As a final resort, possession and devotion, ideas peripheral to the cultural and personal behavioral repertoire of the two girls, were exploited. It would appear that in both cases a last resort was a leap out of character such that the respective families were forced to view the person in a new light. In the former case, possession forced the family to consider the lot of the girl as well as the spirit possessing her. In the latter case, the girl's affinity to a spiritual figure indirectly caused the family to acknowledge her individuality expressed in a spiritual sphere which was beyond questioning or reproach.

CONCLUSION

A Havik woman is socialized against overt expression of emotions within the family. Because her movements outside the household are restricted, outside opportunities for the expression of distress are limited in comparison to other

Hindu castes. Restricted social mobility makes consultations to indigenous specialists involved in the external projection of distress (e.g., astrologers, exorcists, spirit cult leaders) difficult. Moreover, a general emphasis on purity by Brahmins limits the behavioral repertoire of Havik women. Spirit possession, for example, is less often maximized as a mode of expression because of its connotations of impurity. Despite these constraints, a variety of idioms exist through which Havik women may covertly express, experience, and cope with feelings of distress. Multiple idioms of expression have been presented in this paper in an effort to highlight alternative means and contrastive ways distress may be articulated.

Anthropological studies have all too often emphasized one mode of expression, without providing adequate background on alternative and progressive means of such expression. This is unfortunate for in order to compare the use of particular means of expressing distress crossculturally, we need to know not only who uses them and when, but in contrast or in preference to which other modes of expression that coexist. Moreover such studies often misrepresent the relative importance or frequency of particular idioms. When investigating the use of a particular idiom of expression it is necessary to locate it historically; that is, with respect to changing social conditions. It is not enough, for example, to describe how Havik women use possession strategically. We need to know how often this idiom is employed, in what circumstances and with what repercussions. If an idiom is used less today than it was a decade ago, as is the Havik case with respect to possession, then we must examine why as well as what means of expression have become more available or appropriate. In the Havik case, the devotional idiom appears to attract categories of women who might previously have become possessed.

The idioms highlighted closely relate to core values and norms within the Havik Brahmin community. Commensality accords with corporate group identity, health concerns, the subtlety of gift exchange, and kitchen politics. Purity is a fundamental Brahmin value associated with status and prestige as well as health and well-being (Barnett 1970; Dumont 1970; Marriott 1976). Purity is, moreover, associated with the control and protection of domains of personal and social space from outside influences as well as the accumulation of power (Abbott 1932; Harper 1964; Nichter 1977b). Loss of purity presents a state of vulnerability to sources of malevolence; a state of openness to possession by lower spirits. Evil eye is associated with the Brahmin emphasis on control. Devotion accords with Brahmin religious values. The types of symptoms most commonly expanded, elaborated, or imagined as expressions of psychosocial distress accord with fundamental Brahmin health concerns which are in turn related to core Brahmin values such as regularity, control, and balance.

Dizziness mediated discussion around a patient's state of balance in various

life domains: body, marriage, household, extended family. Overheat gave rise to discussions about the control of emotions. Two symptom states associated with the most vulnerable part of a woman's physical and social body, menstrual problems and leukorrhea, initiated discussions around a variety of life problems.

Menstrual complaints mediated discussion around a range of themes such as purity, vulnerability, control of emotions, feelings of social distance, depreciated self-image and sexuality. Likewise, discussion around leukorrhea presented *vaidya* an opportunity to explore issues of powerlessness, vulnerability, control, and sexuality. We may consider leukorrhea as a counterpart to male semen loss (Carstairs 1956) in order to illustrate that symptoms may serve as signs of a range of psychosocial problems which accord with the meaning complex of the symptoms presented.

Carstairs (1956:135) identified semen loss (*jiryan*) as the third most common complaint reported to medical practitioners by high caste Rajasthani males in North India. He described the symptom as perhaps the commonest expression of anxiety neurosis among Hindu communities (Ibid). Obeyesekere (1978) likewise documented the commonality of semen loss as a presentation of distress by women in Sri Lanka. He found that in the city of Kandy nearly 5% of all visits to free *ayurvedic* clinics were for this complaint (Obeyesekere 1978:258). Both scholars noted that semen loss is associated with feelings of anxiety about 'violations of every sort of Hindu *dharma* (customary law)' (Carstairs 1956:134). Violations were described by one of Carstairs' informants as *badparkey* and *badpheti* — eating what is wrong and doing what is wrong (Carstairs; Ibid). This included eating inappropriate foods (particularly heating foods), mixing and eating with people of inferior castes, acting disrespectful toward elders, giving way to anger, fear, or excessive worrying, sexual excess and masturbation.

Despite the identification of multiple indigenous etiologies for semen loss both Carstairs and Obeyesekere tended to emphasize a psychosexual dimension to semen loss in their analyses. Carstairs (1956), in a fascinating 'oedipal' analysis of semen loss, sheds light on sexuality as a pervasive Hindu theme associated with fantasies of loss and destruction, but at the same time underplays other angles from which to interpret the presentation of this symptom within a more general 'idiom of distress' perspective. Likewise, Obeyesekere (1978: 257) devotes considerable attention to describing leukorrhea as a "cultural disease conceptualized in terms of indigenous ideas of body, physiology, and function" exacerbated by sexual anxiety and feelings of guilt and inadequacy. Obeyesekere's (1976: 213) discussion of semen loss anxiety is particularly linked to masturbation and "the expression of sexual and aggressive drives radically circumscribed from very early childhood".

In light of South Kanarese data I would qualify Obeyesekere's analysis. First, I would question the commonality of rural women associating masturbation

with guilt and punishment by disease (Obeyesekere 1976: 213).¹⁹ I would suggest that this is more a Victorian than an indigenous interpretation. Perhaps guilt and a fear of punishment for masturbation are part of the baggage of westernization which has been taken on by urban Sri Lankans and Indians. My investigation of rural South Kanarese women did not reveal that experiencing *dhatu* loss was commonly related to feelings of being punished for having broken a taboo. Moreover, in contrast to men, most women did not consider that leukorrhea would interfere with their ability to engage in sex or bear children — beyond the fact that their overall weakness would be exacerbated. Likewise, in discussions between my wife and close Havik women informants, masturbation was not presented as a subject of intense guilt as is the case with men, who feel they are spoiling their ability to perform sexually causing them to develop anxiety about night emissions as well as penis size, shape and angle.

South Kanarese data supports the notion that the cultural definition of leukorrhea as *dhatu* loss leads to sexual anxiety (Obeyesekere 1976: 213). However, the data suggests that a majority of Gopal's patients originally became preoccupied with leukorrhea as *dhatu* loss in contexts where they felt socially vulnerable and powerless. In 25 out of 39 patients presenting leukorrhea as a symptom, sexuality did not surface as a major source of distress when a patient was questioned by a trusted *vaidya* in a confidential setting. As noted earlier, discordant social relationships, most of which involved other women, and economic worries were the most significant stressors in the personal histories of these patients. An analysis of the 14 cases in which sexuality was directly related to leukorrhea suggests that problems of a sexual nature, often accompanied by somatic complaints of overheat, were alternatively perceived to be causes and effects of *dhatu* loss.

Three points emerge from the data. First, culturally important symptoms such as *dhatu* loss serve as somatic reference for a wide range of distress states manifest by a variety of psychosocial problems. Secondly, such symptoms are associated with cultural and personal meaning complexes which are multidimensional. As a culturally constituted expression of distress, the symptom *dhatu* loss is as readily associated with oedipal fears or repressed sexuality as discordant social relationships involving broader issues of control, vulnerability and powerlessness. Thirdly, just as psychosexual problems may precipitate anxiety neurosis manifest by preoccupation with a set of symptoms, other stressors may manifest in similar symptomatology and be further expressed through sexuality as an idiom of distress.

It may be asked why menstrual disorders and leukorrhea are so commonly exploited for expressive symbolic purposes? Zola's (1966: 3) observation that the interplay between culture and symptoms accords with dominant value orientation is insightful:

... it seems likely that the degree of recognition and treatment of certain gynecological problems may be traced to the prevailing definition of what constitutes the necessary part of the business of being a woman.

I would add that the commonality of such complaints is also related to cultural stereotypes of women. It is suggested that extensive exploitation of gynecological complaints by Havik women is in keeping with a stereotype of woman as vulnerable. This stereotype is associated with a cultural interpretation of menstruation, and a view of women as weak, where the storage of semen is a metaphor for strength.

A growing number of medical anthropological studies suggest that the coexistence of multiple therapy systems serves an adaptive function in society by providing alternative plans of action (Alland 1970; Dunn 1976; Kunstader 1978). A correlate may be suggested: the presence of multiple idioms of distress serves an adaptive function despite the pathological state of some individuals employing particular idioms.²⁰ The issue of adaptation may well be kept in mind by those who simplistically view somatization as either a case of hypochondriacal neurosis, regressive behavior or psychosomatic illness, who view possession states as either conversion hysteria, schizophrenia or borderline personality disorders, or who view attraction to devotion cults as indicative of passive-dependent behavior. While in many instances such diagnosis proves sufficient in understanding the behavior of particular individuals, in other cases, a communicative-expressive aspect of behavior may be missed or underevaluated. An 'idioms of distress' approach to psychiatric evaluation could do much to qualify the Neo-Kraepelinian 'objective-descriptive approach' to psychiatry (Havens 1973) presently represented by the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) (1980).

In conclusion, I would suggest that the pathology of particular idioms of distress and the judgment of an individual's behavior as adaptive or maladaptive should be reserved until after the following have been considered: an individual's sociocultural constraints against and opportunities for expression, alternative modes of expression, personal and cultural meaning and social ramifications of employing such modes, and a person's past experience and familiarity with alternative modes. Involvement with an idiom which may well be a sign or symptom of maladaptive behavior for one individual may be an only option or a last resort for another. It may indeed be an adaptive response or attempt to resolve a pathological situation in a culturally meaningful way.

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NOTES

1. As the Goods (1980) have noted clinical reasoning narrowly limits the relevance of social and cultural data. Many clinicians seek cultural codes permitting the remapping of complaints and symptoms onto 'appropriate' disease entities. This reasoning is a further outcome of the 'clinical gaze' (Foucault 1975).
2. I use the term distress to refer to a broad range of feeling states including vulnerability, apprehension, inadequacy, dissatisfaction, suppressed anger and other anxiety states which might otherwise take the form of an untenable social conflict or rebellion.
3. In more contemporary families, the opposite tendency was also observed. Mothers, particularly when their daughters were attending colleges outside the local community, tended to lavish more attention upon them. One reason cited for this was the good possibility that such a daughter would be married to a more modern family and have a different life style. Another possible reason for this is that more educated daughters, particularly those having professions, may be in a position to contribute more to the support of mothers when they become widows if a son's economic position is weak.
4. The change in expectations alluded to cannot be defined precisely. The phenomenon is associated with many factors including the rising marriage age, the increased prospect of living in a nuclear household, increased leisure time among the unmarried middle class, and an increased exposure to the media. I am not suggesting that young Havik women desire something other than an arranged marriage which promises security and is befitting their social position. However, these women are more forward in respect to desiring a marriage which affords greater social interaction. Interestingly, the trap-pings which are conspicuously displayed by young men reflect a romanticism associated with greater mobility and increased communication. For a further discussion of the point see Roy (1975).
5. It should also be kept in mind that a Brahmin woman predominantly exercises her power through men. A widow with an only son guards her relationship with this son carefully.
6. Children are socialized with food as an idiom through which affection is expressed. Withholding food is thus associated with withdrawal of love and approval. This association is two-sided. One may punish or withdraw love by not giving food when it is expected as well as not accepting food when it is offered.
7. *Kai visha* was investigated by Harper in an adjoining district. Harper (1969), in his study of *kai visha* among Haviks in Shimoga District, noted that a pattern existed for

Havik men to suspect Havik widows of administering poison to them for a number of vague reasons including the gaining of power and retribution toward males for their unhappy lot in life. A correspondence was drawn between the actual impotency of the poison (the poison is only symbolically poisonous) and the powerlessness of the Havik widow. Harper concludes in his analysis that fear of *kai visha* is an unconscious projection of guilt. Brahmin men feel guilty about the way they subordinate Havik women and alienate them from the support of their mother and sisters. This guilt then is transformed into a fear of retaliation by widows who symbolize the most vulnerable as well as the most uncontrolled females in society.

In South Kanara, the pattern of accusing Havik widows of poisoning is rare. Furthermore, *kai visha* accusations are directed toward both men and women, although cases involving males appeared to be more common.

8. Purity conceptualization described here accords with both Douglas' analysis (1966) of pollution as expressive of the anomalous-liminal as a convenient set of images through which to envision relationships in the social system and the perspective of Ortner (1973), which pays credence to the close connection between content and form of purity/pollution conceptualization. In the latter perspective, physiological processes are seen as polluting because they draw attention to real challenges which the bodily dimension poses to meaningful life. As I see it, these challenges are associated with other meaningful challenges, and strategies used to minimize some challenges are generalized in a symbolic way to others. In this sense, I concur with Ortner's emphasis that symbols initiate strategies and plans of action.

9. In each case, a record was kept of symptoms reported by the patient and elicited from the patient by the *vaidyā*. It is important to note that the frequency at which symptoms were reported in different clinical settings was influenced markedly by the type of practitioner, his speciality, and the manner in which he interpreted and negotiated an illness identity with patients. A study of the clientele of an eclectic Havik practitioner using both *ayurvedic* and western medicine may be cited as an example. The practitioner was renowned for treating 'ubhasa', breathlessness-wheezing described by educated patients as 'asthma'. It was found that many patients experiencing psychosocial distress associated with unexpressed affect and a 'constricted social field' (social network, social interactions) emphasized breathlessness as a symptom (see Kluger 1969 for similar findings in a Western context). An example is a young man from a cosmopolitan family who was sent to a conservative religious boarding school against his will. The practitioner was particularly adept at evaluating the psychosocial dimension of this ailment. The symptoms focused upon for analysis in this paper were commonly reported to popular *vaidyā* as well as being prominent on a mental health survey conducted in the district by Carstairs and Kapur (1976).

10. Both amenorrhea and pregnancy are associated with latent states of impurity as the body is not purged by menstruation. This was noted in clinical interactions where amenorrhea presented with weakness was explained by blood impurity or blocked blood flow. Likewise during pregnancy, the failure of wounds to heal quickly and increased infection were explained by blood impurity.

11. During menstruation a Havik woman is segregated from the rest of the family and put 'out of touch'; that is, she becomes 'untouchable' lest she pollute others. Menses is referred to as *muttu* (touch) or *shudha* (purity) by children. The latter reference 'purity' also denotes a state which requires social distance.

12. It is assumed on the basis of the practitioner clientele and preference survey data described, that menstrual complaints and leukorrhea are more often presented as complaints to *vaidyā* in rural areas.

13. Anxiety and paranoia about the evil eye are only one way a mother may displace her own distress about motherhood; or for that matter about other sources of distress vis-à-vis the child. Another way is through unusual concern about a child's health,

particularly while breastfeeding the child (Nichter 1981). Similarly, Mechanic (1964) found (in the U.S.) that mothers who are unhappy or dissatisfied with life become more concerned with both their own and their children's symptoms. He suggested that a mother's personality and behavior be considered in respect to 'her' presentation of her child's problem in the clinical setting.

14. Non-Brahmin women express distress as much by visiting exorcists and possession cults as by becoming possessed themselves. For Havik women, however, such visits are restricted.

15. This case was initially presented to Gopal. I attended both the client's consultation to the *vaidyā* and *tantri*.

16. This case of spirit possession could be interpreted as a form of social protest following Lewis (1971).

17. Many factors contributed to the girl's possession. Among these was the fact that her visit to the *tantri* exposed her to other women who received possession. She and her father waited through the hearing of four cases (two involved possession) before their case was heard. The cases were heard in the shaded outer courtyard of the *tantri*'s shrine and all those assembled to consult the *tantri* listened to the cases of others as they were presented. Moreover, it was not the girl's first exposure to spirit possession. As a child she had seen the wife of a garden laborer become possessed in the presence of her father. Furthermore, after the girl's possession, it came up in conversation that the girl's grandmother had experienced possession; a fact she may or may not have known. The point highlighted in the text is not why the girl became possessed, but why at this juncture.

18. Devotional cults provide a means of expressing affect as well as a means of seeking support and 'fulfilling relationships' (and love) if not in the human domain (family) than in the mythological. Devotional figures such as Sathya Sai Baba encourage their devotees to see them as a mother, as a father, as a husband, as a son – in keeping with the traditional concept of *bhakti* as explicit in idealized family relationships. Sathya Sai Baba enacts through language and body language different forms of *bhakti* by assuming different personalities. Devotees viewing this devotional figure in a multitude of ways spoke of the guru as being androgynous and often expressed their personal relationship with Sai Baba in terms of familial relationships.

19. It may be noted that most cosmopolitan practitioners I spoke to in South Kanara attribute male semen loss to anxiety neurosis associated with masturbation or excessive sexuality. They did not classify leukorrhea in a corresponding fashion. Leukorrhea was usually classified in relation to more biomedically related phenomena such as hormones, yeast infections, etc. Failure of practitioners to understand the cultural meaning of this symptom is not limited to India as is evident by the work of Dorothea Sich (1979) and Laurel Kendall (1981) involving Korean women and a meaning set centered around the principle of 'cold'.

20. Weidman and Sussex (1971) have similarly examined culturally patterned responses to culturally patterned stress and suggested that such mechanisms of defense be considered as adaptive responses 'the success or failure of which can be judged only in terms of the degree of psychological and social reintegration following reliance upon such mechanisms'. They place emphasis on the process of ego restoration and point out that disruption of ego functioning need not result from ego weakness. Accordingly, an episode of a 'culture bound reactive syndrome' need be evaluated for the 'degree to which it is successful in bringing about a state of adaptiveness equal to or more effective than that the individual manifested prior to it.' Hartmann's concept of progressive and regressive adaptation adds an important psychological dimension to this view of adaptation (Hartmann 1958, 1964). In respect to regressive adaptation, Weidman and Sussex point out that particular world views are disposed to paranoid ideation and facilitate dissociation and projection as ego defenses against conscious acknowledgement

of impulses initiating retaliatory response. In such circumstances repression and denial are at times adaptive modes of the intrapsychic system served by projection and dissociation. Ego regression within this context is not necessarily pathological. Primitive defense mechanisms such as dissociation may in fact function at a relatively high level of ego organization.

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