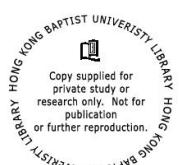


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The “Big Three” of Morality (Autonomy, Community, Divinity) and the “Big Three” Explanations of Suffering

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A Discourse on Suffering: “Old Sins Cast Long Shadows”

Wherever one looks on the globe it appears that human beings want to be edified by their miseries. It is as if the desire to make suffering intelligible and to turn it to some advantage is one of those dignifying peculiarities of our species, like the ability to cook or conjugate verbs or conceive of the idea of justice. Human beings, unlike other living things, want to go to school when they are miserable. They want to make their suffering intelligible, even as it is unwanted, by answering one or more questions about the cause of their distress: What caused this to happen? Why did this happen to me? Am I responsible for this? What can I do about it? What does this imply about my social relationships? What does this suggest about my personal rectitude? In this chapter we explore some of the ways human beings understand suffering and turn suffering to advantage, by blaming themselves for illness, disaster, and distress.

The chapter explores the implications of imagining the world and the experience of suffering in terms of some of the moral metaphors of South Asia. (On the study of metaphors implicit in folk and scientific theories, see Lakoff and Johnson 1980, 1986; Johnson 1987; Lakoff 1987.) In South Asia, ideas about a sacred

self, a sacred world, "karma" ("you reap what you sow; therefore suffering may be an index of moral failure") and what might be called "feudal ethics" exist both as "folk theories" and as highly developed "technical theories." In the United States, such ideas run counter to the official discourse of scientific explanation yet persist as "private" intuitions experienced as mysteries or with embarrassment or as personal or communal "counterdiscourses" to the official discourse of scientific explanation. Why do certain ideas, which are viewed as rational in South Asia and infused with publicly acknowledged social meaning, persist in our own culture despite the absence of a scientific ontology to support them and despite the pre-eminent prestige of a scientific-materialist discourse that disavows and disparages them?

It is our assumption that ideas about human experience that persist long, or are widespread, or become invested with social meaning and established as folk theories in a major region of the world are not likely to be merely "primitive" or "superstitious." It is our assumption that such ideas illuminate some aspect of mind, experience, or society and can be put to use not only to construct a valid "cultural psychology" (Much 1992, 1995; Shweder 1991; Shweder and Sullivan 1993) but to extend our "moral imagination" (Johnson 1993). We examine apparently "primitive" or superstitious" ideas, such as "old sins cast long shadows" and, relatedly, that illness is payment of or punishment for spiritual debts. This chapter spells out the wisdom that ideas about karma, the sacred self, the sacred world, and feudal ethics encode in their metaphors. It applies one of the central assumptions of cultural psychology: indigenous or folk theories (our own and others) should be taken seriously as cognitive objects and as potential sources of social scientific and practical knowledge (Much 1993, 6–7; Much and Harre 1994; Much and Mahapatra 1995; Shweder and Miller 1985; Shweder and Much 1987).

The Causal Ontologies of Suffering

A List of Ontologies

To suffer is to experience a disvalued and unwanted state of mind, body, or spirit. The experience might be an acute disease, a recurrent nightmare, an obsessive thought, an incapacitating sadness, a skin rash, a miscarriage, or a cancer. It might be the experi-

ence of chronic fatigue or pain or a prolonged decline in physical integrity and personal autonomy.

One way to render suffering meaningful is to trace its genesis to some "order of reality" where one may point the finger at events and processes that can be held responsible as suffering's cause. We shall use the expression "causal ontology" to refer to a person or people's ideas about the "orders of reality" responsible for suffering.

Although the varieties of suffering of soma, psyche, and spirit that have been experienced by human beings range widely over an indefinitely large territory of afflictions, symptoms, and complaints, the varieties of causal ontologies that have played a major part in explanations of suffering are in fact relatively few. On a worldwide scale, there seem to be at least seven kinds of causal ontologies (and associated therapeutic institutions) for comprehending and responding to suffering.

There is a biomedical causal ontology. That causal ontology is notable in its current official Western medical variety for its explanatory references to genetic defects, hormone imbalances, organ pathologies, and physiological impairments. It is notable in non-Western or unofficial Western varieties (for example, Hindu Ayurvedic medicine) for its explanatory references to humors, precious bodily fluids and juices (semen, blood, ascorbic acid), and felicitous ecological transactions that enhance feelings of strength and well-being. Biomedical therapy focuses on the ingestion of special substances, herbs and roots, vitamins, vegetable compounds, and chemical compounds, and on the direct or indirect mechanical repair (for example, through surgery, massage, or emetics) of damaged fibers and organs.

There is an interpersonal causal ontology. That causal ontology is notable in traditional societies for its references to sorcery, evil eye, black magic, spirit attack, poisoning, and bewitchment. We have our contemporary counterparts in harassment, abuse, exploitation, "codependencies" and "toxic relationships." It is associated with the idea that one can be made sick by the envy or ill-will of colleagues, neighbors, and associates who want you to die, suffer, fail, or fall under their control. Therapy focuses on talismans and other protective devices, strategies for avoidance or aggressive counterattack, and, quite crucially, on the repair of interpersonal relationships.

There is a sociopolitical causal ontology. That causal ontology is associated with the idea that suffering is the product of oppression, colonial (including ideological) domination, or adverse economic or family conditions. Therapy focuses on altering one's life circum-

stances through social reform or, more typically, on achieving some local or immediate successes or gains.

There is a psychological causal ontology. That causal ontology is associated with the idea that unfulfilled desires and frustrated intentions (for example, repressed wishes) or various forms of fear can make one suffer. Therapy focuses on a variety of intrapsychic and psychosocial interventions, including meditation, dialogue, therapeutic relationships, consciousness-raising, and realistic goal setting. Freud is a noteworthy contemporary Western variant of psychological explanation, much absorbed into North American folk theory, but non-Western cultures, including South Asia, use psychological theories of causality as well.

There is an astrophysical causal ontology. That causal ontology is notable for its references to malevolent arrangements of planets, moons, and stars, and to auspicious and inauspicious periods of time. Therapy emphasizes the theme that one should wait, with optimism, for some identifiable auspicious future time when recovery will occur spontaneously or remedial efforts can be effective. In the meantime certain protective or meliorative actions are often possible. This is a causal ontology that is foregrounded in many non-Western cultures. It is backgrounded or officially denied yet very much present in segments of the folk life of contemporary middle-class American culture (of European, African, or Asian origin).

There is an apparently emergent causal ontology rooted in the metaphors of external “stress,” “pressure,” and “environmental risk factors.” This ontology seems contemporary in the forms of discourse with which we are all familiar. Along with CNN (cable television) and Visa (credit cards), the English word *stress* seems to have migrated to all parts of the world. It is possible, however, that this causal ontology has been around for a long time but in terms we have as yet failed to identify. For example, aspects of Ayurvedic medicine, South Asian home remedies, and Indo-Tibetan social theory contain “ecological” causal relationships perhaps not entirely dissimilar to the terminologies of this ontology, and recognize “de-stressing” tactics for remedial action. “Stressors” themselves may, of course, be of a social or a biochemical nature. Therapies emphasize the minimization of stress: relaxation; the creative use of leisure time; and the reduction of ambient “hazards” in one’s environment through enlightenment, education, and foresight.

Finally, there is a moral causal ontology. That causal ontology is notable for its references to transgressions of obligation: omissions of duty, trespass of mandatory boundaries, and more gener-

ally any type of ethical failure at decision making or self-control. It is associated with the idea that suffering is the result of one’s own actions or intentions, that a loss of moral fiber is a prelude to misfortune, that outcomes—good and bad—are proportionate to actions. Moral therapy focuses on unloading one’s sin, confession, purification, reparation, moral education, and the adoption of “right practices” sanctioned by a sacred authority (from the pope to the surgeon general). Later in this essay we take as an example a South Asian conception of moral causation, the theory of karma, and explore its implications as a viable moral metaphor for rethinking the discourse of morality and suffering in our own contemporary society.

The Idea of Causation in Folk Psychology

Within the intellectual framework of folk psychology explanations of illness are instances of causal analysis. Although the idea of causation is an idea that all folk around the world seem to recognize, it is important for us to recognize that the idea of causation universally employed in folk psychology has several special characteristics that distinguish it from other uses of the idea of causation with which it should not be confused. The idea of causation in folk psychology deviates in significant ways from the logician’s (for example, John Stuart Mill’s) analysis of the idea of “causation” as all the necessary conditions that are jointly sufficient to produce an event. It deviates as well from the empiricist’s (for example, Sir David Hume’s) reduction of the idea of causation to directly observable events (e.g., one billiard ball making contact with another) that are immediately coincidental in time and locally proximate in space (see Collingwood 1938/1961; Hart and Honore 1956/1961). In folk psychology the idea of causation does not rule out the possibility of influence at a distance. It does not rule out influence by unobservable forces. It does not demand attention to all necessary conditions. It does not treat all necessary conditions as equally relevant or as of the same kind.

Quite crucially, the idea of causation in folk psychology is deeply shaped by human interests in assessing “normality,” attributing responsibility or blame, and exercising control over future events. Thus, the numerous logically necessary conditions for the production of a given event do not all have equal status in the folk psy-

chology of causation. Indeed, in folk psychology the elevation of this or that necessary condition to the intellectual status of an attributed “cause” is an act of selection and interpretation that can be understood only within the context of practices and institutions aimed at finding fault, righting wrongs, and gaining control over future events.

A classic account of the idea of causation in folk psychology can be found in Hart and Honore (1956/1961, 333, 335). As Hart and Honore note, distinctions are drawn in folk psychology (they call it “common sense” psychology) “between what is abnormal and what is normal in relation to any given subject-matter and between a free deliberate human action and all other conditions.” For example, with regard to the distinction between “normal” conditions and “abnormal” conditions, the oxygen in the air is a necessary condition for the forest fire but it is a “normal” condition and is not viewed in folk psychology as a “cause” of the fire, while the lightning storm, although no more necessary than the oxygen, is an “abnormal” condition and hence is likely to be viewed as the “cause.”

And as Hart and Honore point out with regard to the distinction between free deliberate human action and everything else, “We [folk psychologists] feel that it is not enough to be told that a man died from unusual quantities of arsenic in his body, and we press on for the more satisfactory explanation in terms of human agency.” “Deliberate human action has a special status as a cause [in folk psychology] and is not regarded in its turn as something which is caused.”

Collingwood (1938/1961, 303, 306) detects the following two basic senses in the folk concept of a “cause.” In one sense, it is the idea of “a free and deliberate act of a conscious and responsible agent,” which is best understood in terms of the ends the agent is trying to achieve and the means the agent believes is available for achieving them. For example, looking ahead to our discussion of the prevalence of interpersonal explanations of suffering within the intellectual framework of folk psychology, the cause of an event (for example, a miscarriage) might be treated as equivalent to someone’s motives for acting (for example, a neighbor is envious, intends to subvert the childbirth, and employs the services of a sorcerer). Indeed, it is precisely by reference to the quality of those motives and intentions (are they good or bad?) that the agent who caused the event can be held responsible, or judged to be at fault, or even accused of being a witch.

In the second sense, “the cause of a given thing is that one of its [logically necessary] conditions which [one] is able to produce or prevent.” Collingwood gives the following example:

A car skids while cornering at a certain point, turns turtle, and bursts into flames. From the car-driver’s point of view the cause of the accident was cornering too fast, and the lesson is that one must drive more carefully. From the county surveyor’s point of view, the cause was a defective road surface, and the lesson is that one must make skid-proof roads. From the motor-manufacturer’s point of view, the cause was defective design, and the lesson is that one must place the center of gravity lower.

Notice that in each case the selected necessary condition (the attributed “cause”) is relative to the potential range of control of the attributer. Notice that the attributed “cause” (the selected necessary condition) is not everything that is logically relevant to a causal analysis but, rather, the one thing that is practically relevant because the attributer is in a position to set it right.

As we examine the causal ontologies of suffering available on a worldwide scale, it is helpful to keep in mind the true aims of causal analysis in folk psychology: to set abnormal outcomes right by gaining control over abnormal conditions that are within the range of one’s expertise and power, and to attribute responsibility and to assign fault in a world of events presumed to be caused by “free and deliberate” acts by “conscious and responsible” agents.

The “Big Three” Explanations of Suffering: Interpersonal, Biomedical, and Moral

Among anthropologists the cross-cultural study of the types and distribution of explanations of suffering with special reference to illness has a distinguished history (see, for example, Whiting & Child 1953; Kleinman 1986; Wikan 1989), although interest in the topic has been erratic. In 1980 George Peter Murdock published a survey of explanations of illness in 139 societies, as recorded in extant ethnographies. Although the overall quality of that ethnographic data leaves much to be desired, the survey suggests that preferred or official causal ontologies for suffering are unequally distributed

around the world and may cluster in broad geographically based "ideological regions."

In sub-Saharan Africa, Murdock discerns a preference for explanations by reference to moral transgression (for example, violation of sexual taboos). In East Asia, the folk seem inclined to the view that suffering is due to ancestral spirit attack and other interpersonal causes. In the circum-Mediterranean region (Europe and North Africa), it is witchcraft that is favored in accounts of the causes of misery and death. Explanations by reference to organ pathology, hormone imbalance, or physiological impairment were, among the societies surveyed by Murdock, never preferred.

A recent cross-cultural survey by Park (1992), reanalyzed some of Murdock's sources and recoded the data in several ways. Park's goals were threefold: (1) to arrive at an estimate of the relative worldwide prevalence of six of the seven causal ontologies mentioned above (the "stress" concept was not examined); (2) to assess the hypothesis that there is geographical clustering of different types of causal explanations of suffering into "ideological regions"; and (3) to examine the connection between specific illnesses and the particular types of explanations and therapies produced in response to illness.

In the present context we shall restrict our discussion to the question of the prevalence rates of various causal ontologies for suffering and parallel therapies, although the third issue—the connection between type of affliction and type of explanation—is relevant to our discussion as well. Thus, for example, on the basis of Murdock's and Park's surveys, it seems reasonable to imagine that particular afflictions (for example, a miscarriage, a rash, sterility) of particular parts of the body (say, the womb, the genitals, the mouth, a visible part of the skin) incline the mind in the direction of particular causal ontologies and not others. Witchcraft explanations, where and when they are adduced, seem to be associated with issues of generativity and fecundity (crop failure, miscarriage, infertility). Murdock himself suggested that agent-blaming moralistic explanations crop up when suffering is preceded by violations of sexual or food taboos or by acts of disrespect to figures in authority (parents or gods).

Indeed, it is tempting to speculate that sexual transgressions, dietary transgressions, and transgressions of the hierarchical ordering of things can at times have such a powerful influence on the way we think and reason that long-delayed misfortunes may be understood as punishments for prior sin, and as confirmation of the maxim "ul-

timately the past catches up." We return to this issue later, when we suggest that a transgression (for example, disregard for one's parents, incest) is most readily moralized if it is embedded in an intellectual framework such as an ethics of community and/or divinity, which carries with it the implication that the transgressor has violated the sacred order of things, as manifest in nature, society, or the self. The basic idea is that when things start to go bad in life (illness, misfortune) there is a special class of prior dreadful transgressions in one's life that are likely to leap out as suspiciously ill-begotten causes.

On the basis of Park's reading of ethnographic reports from 68 cultures, involving 752 illness episodes, it appears that on a worldwide scale, interpersonal, moral, and biomedical causal ontologies constitute something like the "big three" explanations of suffering. These explanations offer alternative accounts of the causes of misery.

According to the interpersonal mode of causal explanation suffering is an instance of victimization at the hands of, for example, witches, ancestral spirits, envious neighbors, or domineering relatives. The background assumption of an interpersonal explanation is that the ill-will of others is a force to be reckoned with and may have momentarily gained an upper hand. Interpersonal explanations of suffering externalize blame: others are held responsible for one's misery.

In contrast, according to the moral mode of causal explanation, suffering is a consequence of personal transgressions, misdemeanors, and spiritual debts. The background assumption is that we live in a world where one reaps what one sows. This mode of explanation is agent-blaming: agents bear the primary responsibility for their own miseries.

Finally, according to the biomedical mode of causal explanation, suffering is a by-product of events and circumstances that take place outside the realms of human action, responsibility, or control. Strictly speaking, within the terms of a biomedical explanation, suffering is a material event and should be understood in material terms. It should be controlled through material interventions. When it comes to the strict biomedical understanding and alleviation of illness, no further questions are asked about such ultimate issues as human society, social relationships, or personal rectitude. Pure biomedical explanations are by definition morally neutral and indifferent to the moral career of the sufferer or of others. Of course, biomedical explanations are not always practiced in their "pure form," and many medical practitioners in the United States, South

Asia, and East Asia appreciate a more ecological and interactive approach to medicine, lifestyle, and environment.

On a worldwide scale, interpersonal, moral, and biomedical explanations and therapies are overwhelmingly the most common. They seem to be the “big three” explanations of suffering, although the three causal ontologies seem to play a somewhat different role in explanation versus cure. On the basis of Park’s findings the most frequent *explanations* for suffering are interpersonal (42 percent of all accounts), moral (15 percent) and biomedical (15 percent); the most frequent *therapies* are biomedical (35 percent of all accounts), interpersonal (29 percent), and moral (7 percent).

A second fascinating finding of Park’s study is that sufferers are more likely to seek a biomedical therapy for a problem than to offer a biomedical explanation of it. This is not true of either of the other two modes of explanation and cure. Interpersonal therapies (repair of social relationships, countersorcery, exorcism) are less likely to be sought than interpersonal explanations of suffering are to be offered. Moral therapies (confession, sacrifice, austerities) are less likely to be sought than moral explanations of suffering are to be offered. Thus, although in general it is true that there is a rough parallelism between mode of explanation and mode of cure—a tendency for biomedical explanations to lead to biomedical therapies, interpersonal explanations to interpersonal therapies, and moral explanations to moral therapies—it is also true that when there is “misalignment” between explanatory ontology and therapeutic mode, the mismatch seems to be in the direction of using a biomedical therapy for an affliction believed to have an interpersonal or moral cause. This may have something to do with the perceived possibility for control. That is, when human beings suffer, an imperative may exist for direct, physical manipulation of the suffering body. Another reason for the slippage toward biomedical therapies may be the immediacy or relative efficacy of such cures. In any case, the drift toward biomedical therapies does not seem peculiar to our times or to our particular system of Western biomedicine.

The prevalence of interpersonal explanations of suffering suggests that the idea of “victimization” also is not peculiar to the contemporary United States with its particular social justice concerns. That prevalence of attributed interpersonal causes also may reflect an underinvestigated intuition of folk psychology, namely, that the attitudes and expressions of those around us, through var-

ious social-communicative and social-control processes, are effective in inducing psychosomatic stress, which can result in illness. Tibetan communities, for example, have the idea that the malicious or envious gossip of one’s neighbors, without other intervening mechanisms such as sorcery or witchcraft, acts as a kind of force capable of wreaking havoc with one’s life and health (Mumford 1989).

On a worldwide scale, then, moral explanations of suffering and moral therapies are among the three most salient forms of explanation and cure, although in Park’s survey they rank third in prevalence behind interpersonal and biomedical modes of interpretation and response. It seems likely, however, that this kind of estimate of the prevalence of moral thinking in health practices underestimates the role and importance of moral agency in explanations of suffering.

For one thing, interpersonal explanations of suffering are often saturated with implicit secondary moral implications (for example, the ancestral spirit attack may have been related to an ethical failure to perform a ritual) that may not have been known to the ethnographer. Interpersonal causal explanations frequently involve moral features and moral offenses; there is some “quarrel” or bad feeling between the “victim” and the “aggressor.” Repair of relationships and reestablishment of a just local order (for example, family) may be part of what sorcerers try to accomplish. Even in cases of pure victimization the very notion of “victimization” is inherently a moral idea, which may place the victimizer in jeopardy of becoming sick. Second, in some societies, such as eastern India, biomedical and interpersonal therapies do not necessarily occur in “pure” form. Such therapies are not isolated from religious elements, for example, something like “divine grace,” which we would include in the discourses of morality, as we argue below. Ayurvedic doctors and sorcerers alike may call upon the power of God to accomplish their work and the act of healing may presuppose a moral relationship between the healer and the God (Much and Mahapatra, in preparation). Third, personal ruminations about moral reform may take place without being announced in public and without being made available to ethnographers. Finally, an examination of the use of moral explanations and therapies in the context of an existing illness (where it can be viewed only as a response to distress) does not take account of the role of morality as a form of “preventive medicine” upholding “right practices.” It thus seems likely that moral explanations of suffering

not only are part of the "big three" but are more prevalent than Park's data allowed him to estimate.

Perhaps the most noteworthy finding of Park's survey is the evidence that on a worldwide scale the biomedical causal ontology so prevalent in secular scientific subcultures in North America and Europe is only one of the "big three" explanations of suffering, and that it is probably the explanation least frequently employed (also see Murdock 1980). For example, when it comes to explaining afflictions such as insanity or death, the folk around the world almost never concern themselves with biomedical causes and almost always explain it in either other-blaming interpersonal terms or agent-blaming moral terms.

For most peoples of the world there are no faultless deaths. One is reminded of Hart and Honore's remark (1961, 333) that "it is not enough to be told that a man died from the presence of unusual quantities of arsenic in his body; and we press on for a more satisfying explanation in terms of human agency." In the minds of many peoples of the world, death would not take place without the push of human agency. On a worldwide scale it is as if any life-terminating biological happening (stroke, heart attack, and the like) is viewed the way we view the case of arsenic poisoning. Nature does not cause people to die without the assistance of human beings. We now turn to a more detailed account of the way faults are found and agents blamed within the framework of some South Asian discourses of morality and health.

The "Big Three" of Ethical Discourse: Autonomy, Community, and Divinity

An Analysis of Moral Discourse

Our analysis of the moral discourse of the residents of the city of Bhubaneswar, Orissa, India is derived from interviews with forty-seven informants (twenty-nine males and eighteen females, mostly adults and mostly Brahmins). The thirty-nine incidents shown in table 1 are brief descriptions of behavioral events representing actual or potential breaches of codes of conduct. They were developed over a period of several months on the basis of ethnographic knowledge of community and family life in Bhubaneswar. The moral discourse to be analyzed was elicited during a structured interview described in

TABLE 1
The 39 Incidents
and Their Loadings on Codes 1, 2 and 3

Incident Number	Code 1 Harm Rights Justice	Code 2 Duty Hierarchy Inter-dependency	Code 3 Sacred Order Natural Order Personal Sanctity
1. A woman cooked rice and wanted to eat with her husband and his elder brother. Then she ate with them. (the woman)	L	M	H
2. In a family, a twenty-five-year-old son addresses his father by his first name. (the son)	L	H	M
3. In a family, the first-born son slept with his mother or grandmother till he was ten years old. During these ten years he never slept in a separate bed. (the practice)	M	M	M
4. A woman is playing cards at home with her friends. Her husband is cooking rice for them. (the husband)	L	H	H
5. A beggar was begging from house to house with his wife and sick child. A home owner drove him away without giving anything. (the homeowner)	H	M	M
6. A man says to his brother, "Your daughter's skin is dark. No one will say she is beautiful. No one will wish to marry her." (the man)	M	M	M
7. The day after his father's death the eldest son had a haircut and ate chicken.	L	H	M
8. A father said to his son, "If you do well on the exam, I will buy you a pen." The son did well on the exam, but his father did not give him anything, spending the money on a carton of cigarettes. (the father)	L	M	L

L=Low M=Medium H=High

TABLE 1 (continued)
**The 39 Incidents
and Their Loadings on Codes 1, 2 and 3**

Incident Number	Code 1 Harm Rights Justice	Code 2 Duty Hierarchy Inter-dependency	Code 3 Sacred Order Natural Order Personal Sanctity
9. A young married woman went alone to see a movie without informing her husband. When she returned home her husband said, "If you do it again, I will beat you black and blue." She did it again; he beat her black and blue. (the husband)	L	M	H
10. A letter arrived addressed to a fourteen-year-old son. Before the boy returned home, his father opened the letter and read it.	L	H	L
11. A man had a married son and a married daughter. After his death his son claimed most of the property. His daughter got a little. (the son)	H	H	L
12. You went to a movie. There was a long line in front of the ticket-window. You broke into line and stood at the front.	M	L	L
13. Six months after the death of her husband the widow wore jewelry and bright-colored clothes. (the widow)	L	M	H
14. Immediately after marriage, a son was asked by his parents to live in the same house with them. The son said he wanted to live alone with his wife and that he and his wife had decided to live in another town and search for work there. (the son)	L	H	L
15. Once a doctor's daughter met a garbage man, fell in love with him and decided to marry him. The father of the girl opposed the marriage and tried to stop it, because the boy is a garbage man. In spite of the opposition from the father, the girl married the garbage man. (the daughter)	L	H	H

L=Low M=Medium H=High

TABLE 1 (continued)
**The 39 Incidents
and Their Loadings on Codes 1, 2 and 3**

Incident Number	Code 1 Harm Rights Justice	Code 2 Duty Hierarchy Inter-dependency	Code 3 Sacred Order Natural Order Personal Sanctity
16. There was a rule in a hotel: Invalids and disfigured persons are not allowed in the dining hall.	H	M	H
17. A widow and an unmarried man loved each other. The widow asked him to marry her. (the widow)	L	M	M
18. A boy played hookey from school. The teacher told the boy's father and the father warned the boy not to do it again. But the boy did it again and the father beat him with a cane. (the father)	H	M	L
19. At night a wife asked her husband to massage her legs. (the wife)	L	M	M
20. A poor man went to the hospital after being seriously hurt in an accident. At the hospital they refused to treat him because he could not afford to pay. (the hospital)	H	M	L
21. A wife is waiting for her husband at the railway station. The train arrives. When the husband gets off, the wife goes and kisses him. (the wife)	L	L	M
22. In school a girl drew a picture. One of her classmates came, took it, and tore it up.	M	M	L
23. One of your family members eats beef regularly.	L	L	H
24. Two people applied for a job. One of them was a relative of the interviewer. Because they were relatives he was given the job although the other man did better on the exam.	H	L	L

L=Low M=Medium H=High

TABLE 1 (continued)
**The 39 Incidents
 and Their Loadings on Codes 1, 2 and 3**

Incident Number	Code 1 Harm Rights Justice	Code 2 Duty Hierarchy Inter-dependency	Code 3 Sacred Order Natural Order Personal Sanctity
25. A man had a wife who was sterile. He wanted to have two wives. He asked his first wife and she said she did not mind. So he married a second woman and the three of them lived happily in the same house. (the man)	M	H	L
26. One of your family members eats a dog regularly for dinner.	L	L	H
27. While walking, a man saw a dog sleeping on a road. He walked up to it and kicked it. (the man)	H	L	M
28. After defecation (making a bowel movement) a woman did not change her clothes before cooking.	L	L	H
29. A man does not like to use a fork. Instead he always eats rice with his bare hand. He washes it before and after eating. He does this when he eats alone or with others.	L	L	H
30. A father told his son to steal flowers from his neighbor's garden. The boy did it. (the boy)	L	H	L
31. A brother and sister decide to get married and have children.	L	L	H
32. Two brothers ate at home together. After they ate, the wife of the younger brother washed the dishes. (the wife)	L	L	M
33. It was the king's order, if the villagers do not torture an innocent boy to death, twelve hundred people will be killed. The people killed the innocent boy. So the king spared the life of the twelve hundred people. (the people)	H	L	L

L=Low M=Medium H=High

TABLE 1 (continued)
**The 39 Incidents
 and Their Loadings on Codes 1, 2 and 3**

Incident Number	Code 1 Harm Rights Justice	Code 2 Duty Hierarchy Inter-dependency	Code 3 Sacred Order Natural Order Personal Sanctity
34. A widow in your community eats fish two or three times a week.	L	H	H
35. You meet a foreigner. He is wearing a watch. You ask him how much it cost and whether he will give it to you.	L	M	L
36. Two men hold hand with each other while they wait for a bus.	L	H	M
37. A father, his eldest son and youngest daughter travelled in a boat. They had one life jacket. It could carry one person. The boat sank in the river. The father had to decide who should be saved. He decided to save his youngest daughter. The father and the eldest son drowned. (the father)	M	H	L
38. The day after the birth of his first child, a man entered his temple (church) and prayed to God.	L	L	H
39. A woman cooks food for her family members and sleeps in the same bed with her husband during her menstrual period, (the woman)	H	L	H

L=Low M=Medium H=High

Shweder, Mahapatra, and Miller (1987). All of the incidents listed are considered to be breaches or transgressions, with the exception of incident #3 (co-sleeping child and adult), #9 (beating the insubordinate wife), #18 (caning the errant schoolboy), #29 (eating with one's hands), and #36 (men holding hands with each other).

The basis for the analysis is the Oriya Moral Themes code (table 2), as described by Much. For the purpose of analysis, the rationales of all informants were pooled or grouped together to form collec-

TABLE 2
Oriya Moral Themes

1. **Virtue and Merit:** Acts that elevate and acts that degrade one's status as a human being, hence one's position in the social and cosmic (by karma) order. The development of a virtuous (elevated) nature.
2. **Social Order:** Effects of action in the social structure, within the family or community. Maintenance of patterns of social organization, harmony within the social structure, and one's own position within the social order.
3. **Souls and Sentiments:** Recognition of and respect for the non-material self of oneself and others. Regard for the feelings and the sensibilities of others and the well-being of their soul or non-material self. The goals and strivings of the spiritual self, hence individual will, desire and choice.
4. **Tradition, Custom, Culture, Relative Dharmas:** Hindu culture and traditional social law. The Hindu way of life. The relative Dharmas of different castes, religions, nations, ages, etc. The obligations one has by virtue of one's own particular social identity, place and time. Culture as an expression of the dharmic order; culture as an expression of natural law.
5. **Duty:** Role-based obligations within family and in society. The obligations that define one's particular role.
6. **Sacred Order:** The laws of God, the acts of gods, human actions that please and displease God. Worship, devotion, sacred scripture, scriptural and other religious authority.
7. **Interdependence, Relationship:** The interconnectedness of persons. One's own good as interdependent with the good of others. Asymmetrical reciprocity as bonding force at the social order.
8. **Hierarchy:** Respect for relative status within the family, in society or in the cosmic order (e.g., humans to gods). Patterns of behavior that signal acknowledgment of status differences.
9. **Nature, Biological Order:** Actions with intrinsic consequences for well being, based on a conception of the biological order.
10. **Justice, Fairness, Rights:** Distribution of rewards, privileges or punishments according to desert. One's rights and entitlements by various sources of entitlement.
11. **Purity, Sanctity, Pollution:** The maintenance of sanctity and purity of persons and environments. Actions, persons or animals, substances, or mental states that pollute sanctified persons or environments.
12. **Harm, Life, Well-Being:** Respect for life and material, biological well-being. Non-harming and protection of the life and well-being of others. Compassion.

TABLE 2 (continued)
Oriya Moral Themes

13. **Chastity:** Sexual conduct in keeping with social or religious norms of rightful sexual unions and sexual behavior. In particular, the conjugal faithfulness of women and actions that signal a chaste attitude vs. actions that signal an inclination to be unchaste.
14. **Respect for Possessions:** Respect for ownership and personal or private property.
15. **Truthfulness, Honesty, Trustworthiness:** Telling the truth, speaking honestly, honoring commitments and vows, being dependable and undeceitful in dealings with others.
16. **Transcendence:** Spiritual goals or spiritual realities that transcend material or social categories or concerns.

tive transcripts for each of the incidents. The collective transcripts for each incident ranged from three to twenty-five pages of single-spaced text. Much developed the code through inductive iterative reading and classification of transcript contents, first generating a set of categories sufficient to exhaustively catalog the content of the transcripts at a meaningful level of discrimination, and then combining categories where this seemed conceptually justifiable, to arrive at one parsimonious set. The purpose of the coding system was to identify the themes that occur in Oriya moral discourse and the ideas to which informants appeal when they give rationales for their moral judgments. The sixteen categories are not mutually exclusive. A given stretch of text could instantiate more than one category. For example, if an informant expressed her moral condemnation of the events in incident #4 ("A woman is playing cards at home with her friends. Her husband is cooking rice for them.") by stating, "The wife is the servant of the husband. The servant should do her work," the rationale would be coded as both "hierarchy" and "duty." After the texts were coded, a profile was calculated for each incident indicating the proportion of informants who had utilized each of the sixteen ideas listed in the Oriya Moral Themes code (table 2). In effect the degree of saturation was determined for each incident for moral ideas of particular kinds. For example, incident #2 ("In a family, a twenty-five-year-

old son addresses his father by his first name") is highly saturated with ideas of "hierarchy" and "duty" but only moderately saturated with other ideas, and some ideas are entirely absent from the collective transcript on this incident. On the basis of the themes profiles for the thirty-nine incidents, Much utilized various statistical procedures, including cluster analysis and stepwise discriminant analysis, to distinguish three clusters of conceptually linked themes and to identify the degree of saturation of each incident by ideas from each cluster. The resulting three clusters are shown in figure 1.

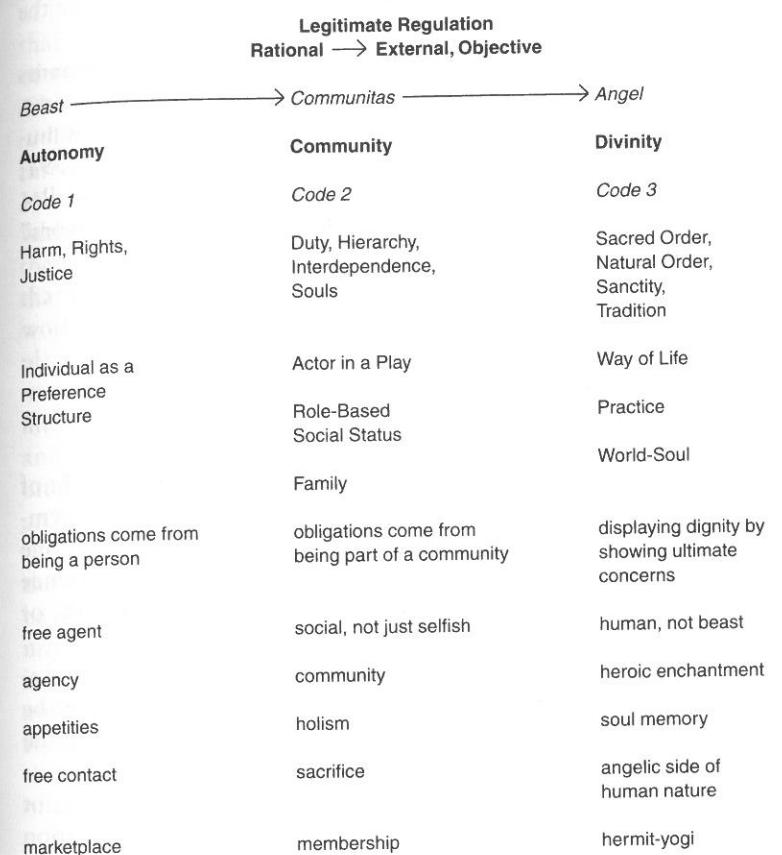
The first cluster (Code 1: The Ethics of Autonomy) relies on regulative concepts such as harm, rights, and justice (see Oriya Moral Themes, table 2, items 10 and 12) and aims to protect the zone of discretionary choice of "individuals" and to promote the exercise of individual will in the pursuit of personal preferences. This is the kind of ethic that is usually the official ethic of societies where "individualism" is an ideal.

The second cluster (Code 2: The Ethics of Community) relies on regulative concepts such as duty, hierarchy, interdependency, and souls (table 2, items 3, 5, 7, and 8). It aims to protect the moral integrity of the various stations or roles that constitute a "society" or a "community," where a "society" or "community" is conceived of as a corporate entity with an identity, standing, history, and reputation of its own.

The third cluster (Code 3: The Ethics of Divinity) relies on regulative concepts such as sacred order, natural order, tradition, sanctity, sin, and pollution (table 2, items 4, 6, 9, and 11). It aims to protect the soul, the spirit, the spiritual aspects of the human agent and "nature" from degradation.

Presupposed by the "ethics of autonomy" is a conceptualization of the self as an individual preference structure, where the point of moral regulation is to increase choice and personal liberty. Presupposed by the "ethics of community" is a conceptualization of the self as an office holder. The basic idea is that one's role or station in life is intrinsic to one's identity and is part of a larger interdependent collective enterprise with a history and standing of its own. Presupposed by the "ethics of divinity" is a conceptualization of the self as a spiritual entity connected to some sacred or natural order of things and as a responsible bearer of a legacy that is elevated and divine. Those who regulate their lives within the terms of an "ethics of divinity" do not want to do anything, such as eating the flesh of a slaughtered animal, that is incommensurate with the

FIGURE 1
Society as Moral Order



nature of the spirit that joins the self to the divine ground of all things.

Table 1 indicates the relative degree to which each of the thirty-nine incidents is saturated with ethical ideas from each of the "big three" types (autonomy, community, divinity) in the discourse of our Oriya informants. Table 1 shows, for example, that incident #4 (the wife who is playing cards with her friends while her husband cooks) is primarily conceptualized in terms of the "ethics of community" and the "ethics of divinity." In several cases where the

reader might well reason in terms of harm, rights, and justice, our Oriya informants reason in terms of "duty," "sin," and "pollution." We now turn to a more direct and "thicker" discussion of the three Oriya discourses and the themes that play a central role in the cultural construction of ethics and well-being.

Our analysis of the rationales given by our Oriya informants suggests the existence of a "big three" domains of moral discourse, which we label "the ethics of autonomy," "the ethics of community," and "the ethics of divinity" (also see Shweder 1990, 1991; Shweder and Much 1987; Shweder and Haidt 1993; Haidt, Koller, and Dias 1993). We now elaborate on some of the "metaphors" that lend meaning to each of the domains.

Metaphors for the Moral Imagination: Multiplicity and Differential Saliency

The three thematic clusters introduced above may be thought of as culturally coexisting discourses of morality. Discourses are symbol systems for describing aspects of experience. More than one such symbol system may be applicable to any area of experience such as individual psychological development, ethics, health, or suffering.

There is no reason that one must select one and only one discourse to represent an area of experience. Indeed, there may be some advantage in possessing multiple discourses for covering the complexities of such an important area of human experience as ethics. No discourse corresponds so tightly to facticity that it cannot be separated from it. All discourses describe through interpretation and inference.

Experience is often so complex that its facticity is sometimes better described by one discourse and sometimes by another. Although different discourses in the social sciences and elsewhere—say, behaviorist, cognitivist, and object relations schools of psychological development—often seem to be in competition for definition of a realm of experience, this is usually a sociological effect more than a logical one. It is often advantageous to have more than one discourse for interpreting a situation or solving a problem. Not only alternative solutions but multidimensional ones addressing several "orders of reality" or "orders of experience" may

be more practical for solving complex human problems. An anti-dogmatic casuistry with multiple (but rationally limited) discursive resources may be the most effective method to meet the vicissitudes of human ethical experience. It is useful to keep in mind the tenet that cognized reality is incomplete if described from any one point of view and incoherent if described from all points of view at once (Shweder 1993a, b).

The three ethical discourses of Orissa work together to promote three different types of "goods," which are meant to coexist in the Hindu social order. The Hindu ethical worldview is incomplete without any one of the three. All three goods are goods because they enhance human dignity and self-esteem. The rub, of course, is that the three goods are often in conflict. In the material world, the world of embodiment and constraint, there may never have been a place or time when all three goods have been or could have been simultaneously maximized. Although it is true that they often come into conflict with one another and create "moral dilemmas" (Much and Mahapatra 1993, in preparation), in India these conflicts are often opportunities for personal ethical discrimination and spiritual growth.

It seems to be the case that in direct contrast to secular society in the United States, the discourse of autonomy and individualism is backgrounded in Hindu society, whereas the discourses of community and divinity are foregrounded, made salient and institutionalized. That does not mean that there is no personal experience of autonomy and individuality in India or no personal concern with those goods as essential to well-being. The case is, rather, that the themes of personal autonomy are often absorbed into the discourses of community and divinity, in ways that we describe below.

Similarly, although ideas of community and, to an even greater extent, divinity have been backgrounded and left out of much of the world description produced and institutionalized by modernist Western social science, these communitarian concerns continue to live on, implicitly or explicitly, in the unofficial "folk culture" and its discourse.

Indeed, it appears that different cultural traditions try to promote human dignity by specializing in (and perhaps even exaggerating) different ratios of moral goods. Consequently, they moralize about the world in somewhat different ways and try to construct the social order as a moral order in somewhat different terms. Cultures differ in the degree to which one or another of the ethics and correspond-

ing moral "goods" predominates in the development of social practices and institutions and in the elaboration of a moral ideology.

For example, in the United States today we are experts on the topic of the "ethics of autonomy." We have extended the idea of "rights" to different domains such as education and health care. We have extended the class of "rights" holders to include children and animals. We have expanded the idea of this worldly autonomy to such an extent that it has become imaginable that children should be free to choose the parents they want. We wish to be protected from every imaginable harm, protected from secondary cigarette smoke, protected from psychologically offensive work environments. We have enlarged the idea of harm to include such all-embracing notions as "harassment," "abuse," and "exploitation." We have stretched the notions of rights, autonomy, and harm, even as we wonder nostalgically how we lost our sense of community and divinity, and struggle to find a way to recover them. In rural India, on the other hand, the "ethics of autonomy" is much less salient, while the institutions and ideologies of community and divinity are highly elaborated and finely honed, which creates its own special distortions, of course.

One of the implications of this chapter is that there might be some advantages to expanding the moral discourse for health in Western scientific and popular culture. The potential for expanded discourse is latent in American folk culture. In this essay we bring the relevant discourses into relief by showing how they have become "official," locally rational, institutionalized discourses in a South Asian culture. We predict that some aspects of "traditional" thinking will appeal to many modern Americans.

Of course, it is not our goal to persuade North American science to adopt the metaphysics and metapsychologies of Indian Brahmins and yogins. Rather, we believe that by attending to explicit South Asian conceptions of the moral order, we will call attention to neglected ideas latent in our own cultural history and living contemporary culture. Ideas within one's own culture may be more easily seen by comparison with ideas from divergent cultures, which are the more "obvious" for the novelty of the ideational contexts in which they occur. We introduce in correspondence with our three domains of Oriya moral discourse (autonomy, community, divinity) three metaphors (the sacred self, feudal ethics, the sacred world) for the American moral imagination. Later we discuss a fourth overarching metaphor, the idea of "karma."

Autonomy and the Metaphor of the Sacred Self

The three discourse domains of Oriya ethics represent three goods, each related to well-being. It is good to have personal autonomy and control. It is good to be part of an organized community and to have an identity or place(s) within its social structure. It is good to experience communication and to be on speaking terms with the divine. These discourses seem to represent distinct but interrelated conceptual contexts for moral discourse. In the interview texts from which the Oriya Moral Themes were derived, we found that each could be used alone or in combination with any of the others in an informant's argument concerning a particular incident or event.

We focus first on the ethics of autonomy cluster that most closely resembles the harm-rights-and-justice code that is prevalent in American culture, with its emphasis on the individual's claim to self-interest and noninterference. The themes of this cluster (harm, rights, and justice) are by no means the most common discourse of Oriya moral argumentation. The discourse of cluster 1 represents the individual interests, desires, and preferences of the person. Although it resembles the harm-rights-and-justice code of North America, there are also differences in the way that Oriya Hindus talk about the interests of individuals.

In Orissa, the idea of the individual is linked to the idea of a "soul" and its particular dharma or obligation. This "soul" (what contemporary secular Western scholars might refer to as a "transcendental ego") is an entity identified with the realm of divinity. Embodied, it exists under many limitations and constraints. But peel away the gross layers of illusion and what is left is pure God-essence, capable of merging directly with the divine substrate of the phenomenal world. This ultimate (though not proximal) identity of the personal soul with God is what obligates respect for all living creatures, human and nonhuman, and what obligates tolerance of another person's free will. A concern for individual autonomy seems to act as a common denominator in the moral order and does not distinguish human beings from nonhuman animals, who are also regarded as having essentially the same soul and the same rights to protection from arbitrary harm or abuse and from interference with their natural needs and inclinations. Animal "souls" are not seen as particularly distinct from human ones, and souls may change places in transmigrations. The following didactic or "proverbial" narrative from Shweder's interview texts illustrates the point. Such nar-

ratives are one of the preferred methods of moral discourse and moral instruction in Orissa (see Shweder and Much 1987).

There was a dog that always slept on the doorstep of the house of a certain Brahman. [Since dogs are polluted and polluting animals, this was problematic for the Brahman, who might have to bathe before entering the temple or his own house after accidental contact with a dog.] One day the Brahman threw cold water on the dog in order to drive it away. The dog went to God and complained. It said, "I am a dog. It is my nature to sleep on the road [or in doorsteps]. When the Brahman threw water on me, I shivered [that is, I suffered]. Let him take my sins and suffer as I suffer and let me take his merit." And God agreed. The Brahman became a dog. (From the Shweder interviews, Shweder, Mahapatra, and Miller 1987)

Any soul may be seen as having an individual dharma, designed for it either by God or by the precision of one's own karma (the fruits of one's work). One implication of this view of individuality is that there is a kind of specialness or even privilege to personal intuitions of right and wrong. Even odd and unconventional desires or overly adamant demands for normally forbidden things may be respected as possibly the "utterance of the soul." They are apt to be understood as a command of the deity within, pertaining to a person's particular course of spiritual development, something that no one else can fully know.

This highly particularistic individual dharma exists in addition to the dharma or obligation assigned to the person by virtue of features of social position such as gender, caste, age, family relationships, and so on. Hindu obligation structures are complex. The first metaphor for the moral imagination is the sacred self, whose obligation it is to know or discover its own individuated dharma.

Community and the Feudal Ethics Metaphor

The second thematic cluster, the ethics of community, pertains to the discourse of obligations engendered through participation in a particular community. It is a discourse of roles and statuses and obligations in relation to other members of the community. The themes associated with this cluster are duty, hierarchy, interdepen-

dence, and "souls" (selves). Notice that the theme of the individual soul or self is more closely connected in Oriya discourse to the role structure of a community than to the themes of this worldly self-sufficiency and individual freedom of choice. The identity of the person is defined in terms of community statuses. In Oriya Hindu discourse, personal identity is more closely associated with its statuses and relationships than with its individuality or distinctness.

Another reason for the association of "souls" or "selves" with relational concepts is that the protection and nurturance of the individual, and the satisfaction of individual desires are most often discussed as somebody else's responsibility. Persons rely on those to whom they are bound in institutionalized asymmetrical relationships to satisfy their needs. The person in the hierarchical position is obligated to protect and satisfy the wants of the subordinate person in specified ways. The subordinate person is also obligated to look after the interests and well-being of the superordinate person.

People often depend upon others to satisfy their needs and desires. Even when they are capable of looking after themselves, they may not think it appropriate to do so. The understood moral obligation of the interdependent "other" in such a relationship is sensitive responsiveness to the perceived or expressed needs of one's interdependent self. Sons and daughters should be obedient to their parents; parents should be sensitive and responsive to the wishes, feelings and inclinations of their children. Likewise, wives should be obedient to their husbands, and husbands should be sensitive and responsive to the needs, desires, and inclinations of their wives. That is why the theme of "selves" or "souls" clusters with the themes of duty, hierarchy, and interdependence.

One might (somewhat tongue-in-cheek) refer to this second metaphor for the moral imagination as the idea of "feudal ethics." It is a metaphor that is central to Oriya ethical argumentation in the context of communitarian concerns. What this discourse has to add to our own sense of community is the potential for rediscovery of some of the merits of the "feudal" mind.

Most Americans ideologically recoil at the idea of feudal ethics because a feudal ethic does not fit well with the philosophical underpinnings of our historically evolved political culture and our free-market mentality. We shall try to explicate a few major principles of feudal ethics in terms that Americans (who underplay this aspect of experience in their dealings with "persons") can understand. In true feudal systems, powerful persons take care of their "subjects": family members, employees, fellow caste members.

Along with hierarchy there is an obligatory responsibility for others. The less powerful respond with gratitude and loyalty that “sticks” when the chips are down. There are many specific principles for feudal leadership and feudal reciprocity, but these are beyond the scope of the present chapter. A cardinal principle, however, is “take care of one’s own.” Neither “networking,” which is too market-oriented and ethically “thin,” nor “social welfare,” which is too impersonal and devoid of a sense of participation or alliance, are suitable substitutes for this concept.

A successful feudal “lord” or local “big man” (*bada loka*) uses his alliances sparingly; he does not exploit them unnecessarily. He tries to do more for others than they have done for him. That way he has a social “bank account” of debts due him when the really important issues arise. He cultivates alliances with those below him because they are the bedrock of his power. If he cultivates alliances only with superiors and equals, he will have no one to rule.

In a feudal social system, the “lord” (king, father, “godfather,” or the like) knows that his well-being is closely entwined with the satisfaction of his “subjects.” He knows that his understood obligation is to promote the satisfaction of those from whom he commands loyalty and that the obligation is proportional to his demands for allegiance and potential sacrifice. To do otherwise would be ultimately, if not immediately, self-destructive.

These policies are not necessarily easy for democratic-minded Americans to appreciate. The contemporary American mistrust of hierarchy and ready-made association of hierarchy with tyranny, exploitation, and overreaching entitlement seems to reflect what happens to hierarchy in a democratic market society, where “take care of one’s own” is replaced by “survival of the fittest.”

Nevertheless, in the cultural domain of health and well-being, the simple principle of “take care of one’s own” might have far-reaching consequences if it were taken seriously as an ethical obligation. The principle has a direct bearing upon many social and psychological problems of the “postmodern” age, including community health problems such as “isolation” and “alienation,” the problem of young and elderly persons without family members to take care of them in times of ill health, the problems arising from the national health insurance question, and related issues of what employers owe to their employees in the way of health benefits and health-protective working conditions.

The particular wisdom of the South Asian discourse of community is that the well-being of persons who live or work together or

share other life projects is interdependent. If your actions weaken those you depend upon (whether in the upward or downward direction), they weaken you. This is true whether you are the “lord” or the “servant.” Loyalties of this kind require continuous cultivation, which means caring about what happens to those with whom you live or work, caring about larger units of which you are a part, and being taken care of in return. Our second moral metaphor, then, from South Asia, is the feudal hierarchy, with its particular vision of allegiance, asymmetrical reciprocity, noblesse oblige, and ecological interdependence.

Divinity and the Metaphor of a Sacred World

The third thematic cluster, the ethics of divinity, expresses the Indian belief that a sacred order is immanent in the world, that godliness permeates or interpenetrates the human social order as well as the natural world and interacts with both, and that there are important communicative exchanges going on all of the time between persons and the realm of divinity. The basic idea is that matter (organic and inorganic) and all other forms—social hierarchies (parent, child, husband, wife), the tonal scales of music (*raga*), words (*mantra*)—are infused with spirit or divinity. This discourse is associated with the notion of a sacred tradition, the idea that a way of life—the Hindu dharma—is an earthly manifestation of divine design. Here there are partial (though not complete) correspondences with the Orthodox Judaic vision of society (Spero 1992). All things are encompassed within the sacred order, or one could say, divinity is immanent in all things. A view of this kind denies a radical separation between the secular and the sacred. Thus, even family life is a sacramental event, which is why the breach of a seemingly mundane domestic procedure can be rationally regarded as a kind of desecration.

The associated themes of the ethics of divinity are sacred order, sanctity, tradition, natural law. The cluster represents the idea that sacred law and natural law are the same thing. Both can be called “dharma.” The sacred and the natural are not different orders of reality. The natural world with its shades of good and evil, merit and fault, dignity and degradation expresses the design of divinity. There is a corresponding idea that every entity in nature enjoys its particular right to exist and to be what it is according to its own

nature, such that nothing is excluded from or contrasted to the moral order: everything is encompassed. This discourse ultimately brings one full circle, back to the origins of the sacredness of the individual, human or otherwise. The rights of human beings derive from and are protected under this same principle of a dharmic order in which every entity that exists is entitled to be what it is, and has its proper place in the order of things. That place is its protected realm.

Individuation also receives protection by this principle. Individual "souls" (*selves*) have desires that should be respected by others because those desires may be a form of wisdom that originates not in the discursive thoughts of the personal mind but ultimately in a kind of soul knowledge. Wishes and desires might be an indication from the divine order, which encompasses intimate knowledge of every individual soul. The wise sometimes feel it is better not to interfere with someone's wishes, especially if they are strong and persistent, even though wishes may seem irrational or maladaptive. After all, one never knows what the true source of the wish may be. The divine order interpenetrates matter, social form, and mind. And any apparent form, no matter how lowly (for example, a dog is lowly in India), is in essence, divine spirit. It may, in theory, "really be" a God, that is, manifest divinity in intensified form.

There are many such stories and myths. Lowly entities are always turning out to be something more than they appear. That is the classical test or trial of discrimination and genuine devotion that God imposes upon devotees. One kicks a dog. The dog turns out to be the Goddess in disguise and one is punished. One feeds a dog. The dog turns out to be the Goddess in disguise, and one is rewarded. A beggar or leper at one's doorstep turns out to be the Great God Siva in disguise, and so on. We are reminded of a similar idea expressed by the words of Jesus Christ, "As you did it to one of the least of these my brethren, you did it to me" (Matt. 25:31, 32).

The dignity of the individual person is also comprehended within the discourse of this ethics of divinity. It is represented in part by the idea of sanctity. This conception of sanctity is the basis of traditional social rank in Hindu society. It relates to one's ability to approach and communicate with the divinity, which in turn relates to social rank and personal fulfillment in the traditional Hindu social order. Individual dignity is also represented as the obligation to uphold the practices of a way of life (tradition) felt to originate in the design of a divine order. It is further represented by the possibilities

for heroic expression of godlike personhood through concern with the ultimate aims of human existence and the disengagement from moment-to-moment temptations and sufferings of life.

It is worth noting that the idea of divinity has begun to reenter the discourse of psychiatry and psychology, though at present it is still on the fringes. Spero (1992) has recently made an argument for considering personal relationship to divinity as an important psychological reality without reducing divinity to a psychological structure. Spero also argues that a personal relationship with divinity is a primary psychological good and a fundamental aspect of psychological development. The experience of divinity may or may not be theistic. It may or may not involve a personified God or Goddess. Mystical-aesthetic experiences of a more diffuse kind are also communications with divinity.

A particular feature of the Hindu worldview is the disposition to make connections between all aspects of secular, domestic, and psychological life and a sacred order that is the ultimate reference point for all sources of obligation. One might speak of a Hindu sense of "sacred world" (Much and Mahapatra 1993, in preparation). Thus, the third moral metaphor we invoke is the sacred-world metaphor, the idea that persons communicate with the divine and the divine communicates with persons through actions in the world, whether special rituals, work, or ordinary domestic activities.

The relevance of a discourse of divinity for considerations of health and well-being in the contemporary United States rests upon the way it functions as a ground or foundation for obligations and boundaries, as an existential support for personal identity, and as a source of personal meaning and satisfaction. In the most abstract and secularized form, which some people prefer, "divinity" still has meaning as the forms through which personal life and social life are cultivated and given excellence (Sapir 1986). If divinity reveals itself through the forms of the world, there is no necessary contradiction between theistic and nontheistic senses of the sacred. The idea of the sacred does not demand that one separate out a personified or transcendent God-concept. The central theme is reverence for the forms of the world, the realization that pleasure and pain, right and wrong, are communicated through those forms and that the world communicates its message in accordance with the way one acts toward its forms. Reverence motivates taking seriously the obligations inherent in autonomy and community. It motivates as well a suspension of ultimate judgment and an antidogmatic attitude toward the "letter of the law." A reverential attitude places responsibility

for moral discrimination with personal intentionality, intellect, and will.

The three ethics (autonomy, community, divinity) and the three metaphors for the moral imagination (sacred self, feudal ethics, sacred world) represent an expanded repertoire of discourse for construing the grounds of obligation, the nature of particular obligations, and the consequences of remissiveness in matters of obligation. They represent an expanded discourse for considering the social, psychological, and behavioral context of health maintenance because they all relate to the kinds of responsibilities persons have to take care of themselves and others, and to treat the environment, the ecological matrix of personal life, with respect. We suspect that the development of similar discourses, in ways consistent with the beliefs, traditions, and roots of Western culture, would be a contribution to a postmodern resolution of contemporary problems of personal well-being and social responsibility. We conclude our chapter with a brief discussion of a fourth overarching moral metaphor, the Hindu idea of karma, which is at its core a theory of personal responsibility.

An Overarching Moral Metaphor: Karma and the Laws of Personal Responsibility

In India the human tendency to interpret fortune and misfortune in terms of spiritual or moral merit and debt is institutionalized in the widespread cultural doctrine of karma. Karma, which is the idea that actions have "inherent" consequences, has been a topic for reflection and debate for many centuries (see, for example, Babb 1983; Daniel 1983; O'Flaherty 1980; Kakar 1981, 1982; Keyes and Daniel 1983; Mahapatra, Much, and Shweder 1991; Obeyesekere 1980; Shweder and Miller 1985). In what follows we examine the way the connection between morality and health is represented in the discourse of karma that is found in and around Bhubaneswar.

The South Asian theory of karma exists indigenously as a complex and technical subject matter. Karma is not, as Westerners sometimes suppose, a naive or primitive theory of immanent justice, and in South Asian theories about karma there are specific mechanisms postulated to account for its operation. These theories depend upon a metaphysical ontology quite different from either the classical traditional Judeo-Christian one or the materialist metaphysics of

modern science (Much and Mahapatra 1993, in preparation). That metaphysical ontology includes for example, the idea of a transmigrating soul, a mental self that goes on from one birth to another, taking with it its past deeds and the latent results of its actions. Karma pertains to several "orders of reality," although most of this complexity is beyond the scope of the present discussion.

Just like scientific Western biomedical theories, karma is part of an esoteric knowledge of indigenous experts yet also has its counterpart in widely disseminated folk knowledge that is closely but unevenly related to the expert's knowledge system. We will be concerned here with the form karmic discourse takes in folk theory.

Despite the metaphysical mismatch, certain aspects of karmic conceptions translate well into ideas present in Western thought. The "folk" discourse of karma is probably closer to Western discourses of moral responsibility, cause and effect, efficacy and control, than are the technical versions. As several ethnographers have observed (Babb 1983; Mahapatra, Much and Shweder 1991; Much and Mahapatra 1993, in preparation; Wadley and Derr 1990), karma has an operational quality of transference. That is, a person's karma affects not only the person's self but also others who have relationships or transactions with that person.

Generally, the closer the relationship or transaction, or the greater the degree of "participation" in the sin or merit, the stronger the effect of one person's karma upon another. There are subtle qualifications for all these rules of thumb. We give here only the most general outlines of the folk theory. The more general we are in our formulation, the more potential there is for a convincing correspondence between karmic and Western traditional socio-psychosomatic moral causal thinking. For example, Western biomedical knowledge postulates that children of alcohol-addicted parents are a relatively "high-risk" population for alcohol dependency and other socio-psychosomatic problems. The risk is created not only by genetic inheritance but by the behavioral patterns of alcohol-addicted parents and the participation of children in those patterns. Karma is not so different from our understanding of these kinds of complex causal relationships. It is only broader, including a more expansive discourse of obligation and encompassing more extended domains of cause and effect. Some ethnographers (Babb 1983; Daniel 1983; Keyes 1983; Wadley and Derr 1990) have noted that not all Indian conceptions of karma depend upon a theory of transmigration. A certain part of the population appears to believe that karmic results come within the life span. Even those who believe

that karma operates across lives, such as our Oriya informants, also believe that it operates within lives, and they are able to narrate many local "case histories" of karmic cause and effect.

We focus our interest here on karma as a theory of personal responsibility and its close connection to the idea of dharma (objective obligation or duty). This close connection, which has been noted by Wadley and Derr (1990) and others, denotes simultaneously natural law as well as a divine or sacred order to things.

The conception of karma as a law of personal responsibility may surprise many Westerners who are vaguely familiar with the construal of "karma" as a theory of moral "determinism" (see Babb 1983). It is a great irony of Western understanding that karma is often misinterpreted as a description of how Indians excuse themselves from responsibility by describing themselves as passive objects of the force of their past actions. Babb attributes this bias to the historical fact that karma was first studied intensively by Western scholars in the context of development economics, where it acquired the interpretation of a "passive" and "fatalistic" life view, which encouraged acceptance of the status quo (for example, Kapp 1963, Myrdal 1968). What was missed was the powerful potential of karmic theory to generate prescriptions for agency and control.

It is apparently true that some Indians do use this kind of reasoning to account for their failures or abnegations of responsibility, and others criticize them for this very attitude (Daniel 1983). But it is not the case that this is how South Asian folk theories of karma (much less the technical versions) typically work in the narration and construction of the meaning of life events. A more accurate interpretation is that the idea of karma creates a feeling of inevitability that one's actions will have proportionate consequences for the self, which lends a motivational force to the felt obligatoriness of the many demanding practices in Indian domestic, social, and ritual life. It is ironic that the idea of karma is often given a fatalistic interpretation in the West because the theory of karma contains not only many mechanisms for the remedy of situations but also numerous preventive procedures for exercising a willful control over one's life.

At the level of social thought, karma is a theory of responsibility (Mahapatra, Much, and Shweder 1991; Much and Mahapatra 1993, in preparation). Karma means "action" or "work" (the same word is used in modern Oriya for any task or work one does). Along with the notion of work or action, karma implies the natural

result or "fruition" of action. Generally speaking, the "fruits" (*phala*) of actions are proportionate to the action in quality and magnitude. The quality (for example, whether good or evil—finer distinctions exist but are not relevant here) relates closely to the three types of ethical obligations discussed above.

The "teachings" of karma are disseminated in part through local narrative gossip. Narratives about the karmic events in the lives of other persons or in one's own life are locally circulated, told to intimates and friends, and commented upon. The principles of karma are also amply illustrated in mythology and in "proverbial" tales. Several examples follow:

There was an old Bauri woman (the highest of the local formerly "untouchable," now "scheduled" or "Harijan," castes) who was suffering a painful and lingering death. She suffered for a long time but she could not die. Finally, her relatives asked her to remember if there was any sin that she had committed in her lifetime, and to confess. She confessed that she had once accepted boiled food (boiled food is more readily polluted than fried food) from a Kachara (Bangle-Seller). [Though the Bauris are an "untouchable" caste, they regard the Kachara as inferior to themselves in purity; and so the Bauri caste prohibits accepting boiled food from the Kachara.] She also confessed that on one occasion she had bound a cow in the cow shed and [as a result of the way she had tied it and left it unattended] the cow had died during the night. After the woman had confessed these sins, she died peacefully. (Local neighborhood narrative; Mahapatra, Much, and Shweder 1991, 13)

The Bauri woman had breached the ethics of autonomy and of divinity by "polluting" herself with food offered by a person considered more impure than she. She had breached the second and third codes by carelessly binding the cow (a sacred animal in India) and then neglecting to look after it. She had allowed it to die during the night, unnoticed, while she was responsible for it.

There was a married woman in Old Town, who treated her mother-in-law cruelly. The mother-in-law was a widow, and her son took no interest in her well-being, so there was no one to protect her. Her daughter-in-law [who lived in the same house] tormented the old woman without pity. Having to bear this, the old woman cursed her daughter-in-law to have the same fate in

her old age. As soon as the son's children were grown, the daughter-in-law became a widow. She is still living in the same sahi (ward) in Old Town. Now her children care nothing for her, but rather torment her just as she had tormented her mother-in-law. (Local neighborhood narrative; Mahapatra, Much, and Shweder 1991, 13)

The daughter-in-law breached the ethics of autonomy and community. She treated another person with cruelty. Worse yet, the person she treated with cruelty was her mother-in-law, a person whom she is obligated to respect and care for.

A man and his wife lived with the husband's elderly father. The daughter-in-law was always thinking of how they could get rid of the old man. One day she had an idea. She told her husband, let us carry Father to Puri [a place of pilgrimage] in a basket. There we will leave him on the Great Road in front of the Temple of Jagannath. [This road is a gathering place for the homeless and destitute. In those days there were no trains or buses, nor any other easy means of transport, so the old man would never be able to return on his own but would have to remain where he was left.] The husband agreed to this plan. But their son had overheard everything. He first warned his grandfather of the plot. Then he went to his father and said, "Father, you leave Grandfather at Puri just as you have said. But please do not leave the basket. Bring the basket back. Otherwise, what shall I use to carry you to Puri when you become old?" Then the husband understood. He confessed everything to his father and begged his father's forgiveness. (Proverbial narrative from the Shweder interviews, Shweder, Mahapatra, & Miller 1987)

In each case, the wrongful treatment of others, the breach or neglect of some obligatory action covered by one or more of the three ethical codes (autonomy, community, divinity), predicts future suffering, including physical illness or pain, psychological suffering, and social disharmony. Many other narratives of this kind are to be heard in rural India.

As Babb (1983), O'Flaherty (1976), and Wadley and Derr (1990) point out, the karmic theory of causality entails indeterminacy, uncertainty, and unpredictability. In Orissa, persons who are suffering from an illness or misfortune may consult sacred specialists, holy persons, or oracles to ascertain the karmic causes of their suffering.

Sacred healers, such as various oracles, may not only diagnose karmic problems but also prescribe remedial actions. This is especially true for illnesses or misfortunes that are not amenable to "immediate" or proximal remedial interventions (medicine, magic, or astrology).

A man was blind in one eye. He consulted the oracle concerning this defect. The oracle told him that during his last life he had propitiated a certain Goddess. But, failing to obtain what he desired, he had spoken to her abusively, calling her "widow" [implying inauspiciousness and accursedness] and had torn out one eye from her image. Because of that, he now suffered blindness in one eye. The oracle advised him to bathe seven images of the Goddess [a ritual bathing performed by a qualified temple priest] on seven Thursdays [the day sacred to the Goddess Laxmi]. Then he should prostrate flat on the floor before the [image of the Goddess and beg her forgiveness. Calling her "Mother," he should remind her that he himself is her own son, so that she might be moved to forgive his error. After this, he should return to the oracle for further instructions. (Mahapatra, Much, and Shweder 1991, 16)

Karma can be viewed as a kind of economic account of accumulated ethical merit and demerit. Metaphorically speaking, one's karmic bank account affects one's overall circumstances and provides opportunities for improvement, as well as constraints upon improvement. When the accumulated demerit is great, meritorious action also becomes more difficult. Through immoral, adharmic actions, obstructions are accumulated.

The teleological presupposition of the doctrine of karma is that the natural aim of the soul is to recognize its own divine nature and so liberate itself from entrapment in the illusion that causes inappropriate impulse and action with its consequent suffering. In Western parlance, this could (roughly, and with some loss of meaning) be called a state of flourishing or optimal well-being. Adharmic acts create obstacles to this achievement.

Whatever one's present status in life it is always possible to improve it by doing the dharma specific to one's existing capabilities and potentialities. A person's individual dharma is whatever is morally obligatory for the person, given his or her particular situation. This notion takes account of two things: (1) what it is possible for a particular individual to do in the particular case, and (2)

the ideal conduct that is in accord with the three discourses of moral obligation. When the discourses of obligation come into conflict in specific situations, features of context plus the resources and constraints of the agent enter into casuistic consideration of the principles that govern the case in point. Morality, therefore, is not simply a matter of following rules (see Shweder and Much 1987). It involves personal effort of discrimination and judgment. This is something that must be cultivated. It is a personal responsibility to cultivate this kind of knowledge and intelligence.

There are certain classes of action that are not obligatory but are meritorious by nature. One can perform these actions and so gain or accumulate merit in order to better one's position in the future. These can be done as a kind of investment in one's future welfare.

Many of these measures involve either charity or the support of religious institutions. Sacrifice often enters into meritorious activity, and in some cases personal austerities are prescribed or considered efficacious. Acts of worship in themselves, as well as reading, reciting, and contemplating the scriptures, are meritorious. Many people in India do these things routinely. At the level of personal hygiene there are many ways to maintain or enhance personal "sanctity." One may follow certain laws of purity, avoid polluting places or substances, and seek out those with beneficial effects.

Merit-producing actions exist for each of the three codes of ethical discourse. The effects of these actions (for example, going on pilgrimage, performing rituals) promote personal hygiene and dignity, contribute to social welfare, and enhance one's sense of spiritual inspiration.

"Karma yoga" (liberation by means of meritorious action) is, of course, a very long-term project. The classical karmic worldview of South Asia envisions many lifetimes for the development of the soul. At the same time, certain known wrongs may be expiated in part or in whole by duly prescribed meritorious action. Local folk healers, especially sacred healers and ritual specialists, may prescribe meritorious actions that will benefit people who are suffering (Mahapatra, Much, and Shweder 1991).

Thus our final and overarching "metaphor" for the "moral imagination" is the metaphor of karma. The significance of karmic discourse for our present argument lies in the way it rationally motivates responsible action for those who comprehend and internalize it. The fundamental presupposition is that traditional codes of ethics are part of the divine and natural order of the universe and are established for the purpose of enhancing the well-being of per-

sons in their worldly existence as well as the "afterlife." In this view morality and obedience to the obligations and limits of the three ethical discourses directly affect physical and mental health, social harmony, status, and well-being. Spero (1992) finds the same kind of reasoning in traditional Judaic Halakhic metapsychology. We note in passing that the classical Hindu conception of the worthy and obligatory goals in life include artha, dharma, moksha, and kama (roughly, wealth, duty, liberation, and pleasure; see Kakar 1981, chap. 1, for a highly readable account). We believe the three moral discourse realms of autonomy, community, and divinity are related to the classical concepts of artha, dharma, and moksha, although we cannot expound upon these connections in this chapter.

According to the theory of karma, intended immoral action, careless action, or even ignorant and misguided action is certain to lead to personal suffering unless some intervening correction can be made. For those who appraise the world in karmic terms, effects are not conceptualized as risk factors represented as aggregated population level odds, ratios, or probabilities, where one is at liberty to perceive oneself individually and as an exception. To conceive of the world in karmic terms is to know with certainty that the transgression of obligations will catch up with the transgressor sooner or later unless he or she does something to reverse the situation insofar as possible. Intervening corrections sometimes can be made if the sufferer has the insight to ask for help. But the interventions are costly to the sufferer and require great investments of effort and will. The results of corrective efforts may be incomplete. The full results may be a long time in coming. Therefore, it is better to avoid the problem in the first place if one can. The karmic metaphor emphasizes personal responsibility in regulating behavior and wise investment in actions that accrue benefits to oneself in the long run.

Theodicy and Public Health

In this chapter we have examined some ethical discourse realms and moral metaphors that are customary in many corners of South Asia with an eye toward enhancing the conceptual resources of our own culture for thinking about the connection between action, personal responsibility, and public health. We have

assumed that one way to extend our own discourses for causation and morality is to take account of the relevant indigenous theories of another complex culture that institutionalizes and supports intuitions that are suppressed or peripheralized by our own "official" scientific culture. To do this, it has been necessary to explicate certain beliefs that do not fit standard Western conceptions of reality. At the end, however, we believe it is possible to show the relevance or partial translatability of these metaphors to our own ways of life and to raise some questions about how South Asian ideas about autonomy, community, divinity, and karma might change our outlook on existential issues of universal importance: suffering, responsibility, and remedial change. In a sense, we have asked the reader to rethink the contemporary secular theodicy of Western biomedical beliefs and acknowledge both its limitations as well as its strengths.

Theodicy is the philosophical inquiry into the question of how the presence of evil in the world is to be explained. The presupposition of such an inquiry is that evil exists in the world, that it is distinguishable from good, and that the fact of its existence presents us with a problem. The prototypical problem formulated in terms of Judeo-Christian metaphysics is this: If God is good and omnipotent, then why does evil, which is antithetical to good, exist in the world (O'Flaherty 1976)?

There are variations of possible answers to this question. The philosophical possibilities include the conclusion that so far as "God" or "nature" are concerned, there is no distinction between good and evil, that there is no reason to consider suffering as evil. This theodicy is a relatively counterintuitive view of reality. It does appear in certain arcane philosophies (and sciences) but rarely as an ordinary folk intuition derived from the experience of an embodied human self. It is counterintuitive because suffering is organismically "felt" as a disvalued state, quite distinct from other "felt" valued states (well-being, happiness, pleasure). The intuitive distinction between good and bad, felt in the body as well as the consciousness, seems to be a difficult distinction to dispel.

Another possible theodicy is that suffering, although painful, is not really or ultimately evil because it results in an end state that is good. People are known to interpret narratively the benefits of their own suffering in a variety of ways. They may interpret suffering as a discipline through which human selves become wiser and stronger; or as a path of learning and personal growth; or as an experience that brings human beings closer to God, and so on. This is

not necessarily a counterintuitive idea. Some persons do seem to feel empowered by and/or benefit from their suffering. They experience themselves as stronger, wiser, better protected, and more morally fit than they were before. Some develop exceptional skills because they suffer.

The South Asian causal ontology has an explanatory advantage with respect to supporting this type of interpretation of suffering. It postulates a soul that continues its "life" through countless births until conditions are ultimately worked out for the good. The metaphor is the arduousness of acquiring wisdom and skillfulness and the sense of empowerment that comes from working off spiritual debts. Of course, in any society although some people will manage to transform suffering into growth, others will suffer and remain miserable.

A quite different interpretation of suffering is favored by much of the contemporary Western scientific community, at least in its official canons. That theodicy involves the disjunction of moral good and evil from large areas of the experience of suffering, including illness, adverse living situations, and "behavior problems" of various types. According to this theodicy, although suffering is real, it is outside the domain of good and evil. It is outside the domain of the intentional agency of the sufferer.

One reigning metaphor of this contemporary official secular theodicy is "victimization." The sufferer is a victim, under "attack" from natural forces devoid of intentionality. Suffering is decontextualized and separated from the narrative structure of human life. It is viewed as a kind of "noise," an accidental interference with the life drama of the sufferer. It is as though suffering had no intelligible relation to any plot, except as a chaotic interruption. This image of suffering is most congruent with a theodicy that asserts that suffering is and must remain a mystery because it has no existential meaning or purpose. A metaphorical image associated with this view is suffering as an accident, as an event governed by chance.

Under this interpretation, suffering is to be treated by the intervention of second- or third-party agents who possess expert skills of some kind relevant to treating the problem. The solution is sought at the proximal level of alleviating and curing a condition and not at any more fundamental level in which ultimate questions about "who is responsible for this" and "who is to be blamed" get asked. Under this interpretation, the way to deal with suffering is to treat it, not to ask where it came from or why someone in particular is suffering. This type of secular theodicy is pragmatic and in keeping

with (at least parts of) the known observable facts of many mishaps, injuries, or illnesses, and in line with some of our powers to remedy them. It is well to keep in mind, however, that nothing is really “by accident” in a true sense and that “chance” is an illusory explanation, a distortion of a far more complex determinism. What “by accident” really means is that we do not and cannot know all of the specific events that have converged to create a causal chain.

If a person is hit by a motor vehicle while crossing the street, there is in fact a complex chain of events that led to that convergence. Our discourse of chance says these are irrelevant. The South Asian discourse of karmic causality, which we explored above, says that each link in the chain is meaningful and related to responsible or irresponsible actions.

Even within the discourse of our own scientific causal discourse the illness-as-accident metaphor is sometimes shown to be mistaken. For example, only several decades ago it was not known that cigarette smoking put some people at high risk for very serious illnesses or was dangerous to the fetus of a pregnant woman. A genuine behavioral cause of suffering was missed because the linkage of action to outcome was not yet recognized by the scientific-medical community. At the same time there was a folk discourse that saw excessive smoking as an unsavory practice. It was said to be a “dirty” or “filthy” habit. There was a folk idea that women in particular ought not to smoke and there was a common discourse among smokers about “smoker’s cough” and about addiction and other effects viewed explicitly as unhealthy and undignified by those who smoked and suffered. The respect for scientific authority and the absence at that time of a solid “scientific” linkage between cigarette smoking and serious health conditions enabled many people to ignore their own or others’ experiential intuitions that excessive smoking was an unhealthy habit and damaging to the body. Although the “chance” view of suffering may sometimes be the best available representation, we suspect there may be many more linkages between behavior and suffering or well-being than are yet recognized by mainstream medical science.

From the sufferer’s point of view the “random catastrophe” explanation is not especially appealing. It is about as appealing as is the invocation of “chance” as an explanation for a striking and world-altering series of “coincidental” events. Even with scientific sanction plus reasoned evaluation of known proximal causal factors the idea of “chance” misfortune may not be felt by the sufferer to have much experiential validity. The “chance” explanation does not

help the sufferer make sense of an experience so intense that it feels as though it should be meaningful. This is especially the case for major or catastrophic illnesses. Yet even people who contract common colds and brief viral infections are often heard to say things such as “I guess I was supposed to slow down” or “I just wasn’t supposed to go on that trip.” Intuitively, human beings often feel as though their illness was a meaningful intervention in an intended course of action.

It is increasingly recognized among health scientists in our culture that the “chance” account of suffering is consistent with the facts of only a limited set of known conditions. Many forms of suffering today are known to have multiple determinants, and at least some of those determinants (sexual behavior, food consumption, and so on) are under the control of the agent. In matters of health, it is no longer news that suffering is caused or mediated by one’s own behavior: by ingesting dubious substances (smoke, alcohol, fatty foods); by engaging in sexual acts and other actions that bring you in contact with hazardous body fluids (semen, saliva, blood) or airborne viruses; by embarking on adventures that place you at risk (driving a car, entering a hospital). Given the connections between personal behavior and health outcomes, it is not surprising that human beings should be willing to accept personal responsibility for their suffering and pain. In many cases, blaming yourself when you get sick can be the rational thing to do.

Not surprisingly, there are major theodicies that locate the origin of evil in the realm of human action. Some theodicies hold that God created both evil and its antidotes as a challenge to humankind (Spero 1992) to develop the character and will to choose good over evil. Other theodicies hold that suffering is evil and it is the human community, not God, that created it. A shared focus of these theodicies is the idea that God gave humankind free will (agency and intentionality) and the ability to choose good or evil.

This belief has had a long and fluctuating history in our own culture’s ideologies and the discourses of suffering. At various times we have gone from one extreme to another in presuming or rejecting this kind of explanation. At one pole is the idea that every sufferer is at fault because of flaws of moral character and that those who suffer have engaged in unwholesome practices that have led to the dissolution of personal integrity. At the other extreme is the discourse wherein virtually every sufferer is a victim and no one is at fault for his or her suffering. At that extreme, it becomes unethical to suggest that someone who suffers may be to blame for that suf-

fering, although he or she may be represented as the victim of the evil actions of others or of unjust social environments. It is a bit paradoxical to think that a person can be the victim of others' evil actions but not of his or her own. This is an issue not well worked out by that position.

Currently in the United States there is a mixed and perhaps changing discourse for talking about suffering and fault. In many scientific circles, the most widespread discourse depersonalizes as many kinds of suffering as possible. It removes the idea of the agency of the sufferer as a relevant contributory factor. Attributions of "fault" to suffering persons are disparaged as "blaming the victim."

There is some wisdom in this, of course. We are only imperfectly capable of judging others, particularly little-known others, and it is presumptuous at best to infer moral defect from the fact of suffering. Perhaps our depersonalization of suffering is in part a form of self-criticism for any tendency in us moralistically to cast blame on people less fortunate than ourselves, persons from whom we would like to distance ourselves, persons whose fates we fear.

There is a problem, however, when "victimization" becomes the dominant account of suffering and when it becomes "politically incorrect" ever to hold people responsible for their misery. The problem is that descriptions of agents as "victims" ironically depersonalize the sufferer. The sufferer is described (and encouraged to envision himself or herself) as a passive "victim," which is hardly a more health-inducing description than "villain." If the "victim" has no fault, neither has he or she any control over or responsibility for remedial action. The "victim's" only recourse is reliance on the intervention of "experts" and on people with resources of power and knowledge that constitute the means for remedial action. The sufferer is seen as possessing no resources and capabilities of his or her own that could ameliorate present conditions and future prospects.

Of course, there are illnesses and other conditions of suffering for which the sufferer is not "at fault." Some of these conditions are extremely serious, and as far as we know some of them may be entirely biologically predetermined. There are also social or ecological environments where only those who are endowed with unusual psychosomatic gifts could flourish or survive. But the cases are far more frequent in which biological predispositions and events, social-environmental conditions, and a person's actions all contribute

to the state of suffering or well-being. If we seem to suggest that some "blame" be given back to sufferers, the critical point is not to say that they "deserve punishment" but, rather, that they deserve to be made aware of whatever degree of personal control they may have over their own conditions. They deserve the acknowledgment that there may be something that the sufferer can and should do to change his or her state of being.

What is ironic about the rhetoric of (not) "blaming the victim" is how often the "victim" is the most difficult person to convince of this position. "Therapy" may be necessary to provide the intensive persuasion needed to make sufferers agree that they are not to blame. The "no-blame" position seems, in fact, to be somewhat counterintuitive to sufferers. After all, suffering feels like "punishment." There are deep intuitions linking suffering to emotions such as guilt and shame, which are emotions that presuppose that one has done something wrong. It is not unheard of for highly educated scientifically trained women to be shocked and overwhelmed by the unbidden and unwanted feeling that their own miscarriage must be an indication that they have done something "bad" or that they are being punished for being a "bad person." Such intuitions are real experiences for sufferers in the contemporary Western world, where those intuitions are judged irrational by the sufferers themselves, as they are for sufferers in other societies, where those intuitions make rational sense within the terms of an official karmic worldview.

In a sense there is nothing surprising about the tendency of human beings narratively to link misfortune to personal agency and to blame or accept responsibility themselves when things go wrong. The experience of guilt and regret when things go wrong may be the affective side of a universal (and generally correct) human intuition that (in the aggregate and in the long run) outcomes tend to be proportionate to actions. The experience of guilt and regret may be merely the phenomenological corollary of the universal (and correct) intuition that personal effort deserves to be exercised in life precisely because it tends to be efficacious. When things go wrong human beings acknowledge their sense of agency and power by wondering how they are at fault. What is surprising is the insistence with which so many secular-scientific scholars in the West choose to analyze that commonplace mental association as some kind of "problem" or "pathology" or "primitivism" rather than asking what kind of wisdom might be expressed by such recalcitrant human thoughts and attitudes. What is surprising is the way those in-

tutions are summarily disparaged in modernist discourse as "blaming the victim." Such a doctrine ought to seem surprising because it violates the common-sense or folk psychology of most peoples of the world.

It is noteworthy that recent policy-making and economic concerns over public health issues have double-edged implications for questions of personal control over health-related behavior. Risky behavior once was assumed to be the private concern of the individual, and it was thought to be nobody's business but one's own. It was relatively easy to remain ignorant about or willfully ignore the consequences of high-risk behaviors like cigarette smoking. At present individual health behaviors are increasingly discussed in the context of community concerns. There is renewed attention to the economic and social problems of high-risk behaviors and how they affect others. There is a communitarian discourse that has reemerged and is expressed in terms of insurance rates, treatment facilities, family responsibilities, care for the uninsured, and the distribution of risk (for example, the effects of secondary cigarette smoke, sexually transmitted diseases, and so on). There has been a concurrent trend to regard personal health behaviors in a community context. With increasing social pressures, say, in the family and workplace, people might be expected increasingly to develop feelings of community responsibility concerning their own health-related practices.

One possible outcome of this renewed communitarian discourse is that collective concerns will proceed in the direction of a form of "neo-puritanism" (Shweder 1993b), with escalating state controls over increasingly medicalized life practices. That is to say, more and more of personal behavior will fall within the domain of the medical, and medical issues will be subject to centralized control. The weaker the responsibility given to potential "victims" of suffering, the more sweeping may be the control taken by "protective" centralized social control agencies.

A more promising trend in the discourse of American medicine, which is of course a complex culture in and of itself, is the movement toward preventive medicine with its encouragement to participate in the responsibility for personal health. The rising public concern over how individual health practices affect groups and communities suggests that it would be advantageous for individuals and communities alike to cultivate a discourse of informed personal responsibility toward health-related behaviors. Informed by the moral metaphors of South Asia, we would prefer a future scenario

in which individual persons adopt a discourse in which their own health was considered a "life goal," a personal duty, and a "good" to be achieved, like a satisfying career, economic security, or a satisfying network of community relationships. We would much prefer this to the horrific alternative of a centralized medical hegemony in which individuals and even local communities lose the capacity to define the limits of a moral way of life.

It should be obvious to the reader that the linkage of health and personal integrity, as we construe it, is not a simple one. We do not intend to say that healthy people are dignified and sick people are not. We acknowledge that the experience of illness can in some cases contribute to a sense of personal dignity. We are aware that suffering may be represented narratively or biographically as "trials" of moral strength, or as periods of personal growth, as an expansion of awareness and understanding, and even as a condition for the development of exceptional skills.

As we engage the public health issues of the day it is probably advisable to avoid a dogmatic preference for any one discourse of health, suffering, and well-being. It may be desirable to cultivate a casuistic flexibility in applying the appropriate moral discourse and theodicy to particular cases or situations, but in order to do this, there must be a general awareness of possibilities for expanding our discourses of health and responsibility. For this reason, one of our aims in this chapter has been to call attention to some alternative discourse possibilities for considering questions of suffering and well-being on the one hand, and questions of personal obligation and responsibility on the other. These possibilities already exist within various enclaves of our own contemporary culture, even though they have not been well represented as part of the official, institutionalized scientific model. Though they exist in our culture, they most often are "not heard" by social scientists or by medical practitioners functioning in their "official" roles. Yet there are signs that this is changing. At the very least, there is growing reemergence of interest among social scientists and clinical theorists in folk wisdom and traditional world conceptions (for example, see Rozin and Nemerooff 1990; Sabini and Silver 1982; Spero 1992) and in the role these play in psychological life and health-related behaviors. We have attempted to bring forward what is culturally backgrounded in contemporary North America by looking at how it is culturally foregrounded in contemporary South Asia and in the sensibilities of many premodern peoples in various regions of the world.

A Parting Prophetic Remark

An ethics of community and an ethics of divinity still flourish in South Asian villages and towns such as Bhubaneswar. The doctrine of karmic consequences and the idea that "old sins cast long shadows" flourish there as well. To some readers these ethics, doctrines, and ideas may seem antiquated. Nevertheless, as the United States enters a new phase in public health policy, we are likely to witness an increase in agent-blaming moralistic explanations of illness not unlike those discussed in this essay. The connection between action and outcome (health behavior and illness) is going to be advertised, regulated, and evaluated in terms of social or community costs, and the idea of a "sin tax" is going to enter collective consciousness and be enforced by the state. Whether our highly individualistic ethics of autonomy will give way to an ethics of community or divinity in a world full of anxieties about illness and contagious disease remains to be seen. Yet, as we search for "postmodern" ways to rethink our responsibilities to society and nature, it would not be too surprising if we began to acknowledge the intuitive appeal of ideas such as "sacred self," "sacred world," "karma," "duty," "pollution," and "sin." It would not be surprising if we began to worry a lot about how those ideas are to be reconciled with the individualism that we value as well.

Note

We gratefully acknowledge the support we received for research on moral reasoning and explanations of suffering from several sources: The National Institute of Child Health and Human Development, the MacArthur Foundation Health and Behavior Research Network, the MacArthur Foundation Research Network on Successful Midlife Development (MIDMAC), and a research grant (to Nancy Much) from Georgetown University.

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