STUDYING TRADITIONAL HEALING AMONG RELIGIOUS MINORITIES IN INDIA: THE PERSPECTIVE OF A GRADUATE STUDENT FROM QUEBEC

Émilie Parent, Ph.D. Candidate, Department of Anthropology, Université de Montréal.

INTRODUCTION

If we were to circle the globe to study and identify every cultural practice related to health and diseases, we would find an indefinite number of them. But in given groups, these practices may form a coherent whole, that we would call a *medical system*. Even people connected closely by geography, culture or history can boast quite different medical systems. Certain of these systems are categorized as traditional, generally meaning that they are based on local knowledge and practices and are outside the boundaries of biomedicine.

We must point out here that *traditional* is a contentious term. Like Kirmayer (2009) explains: *"It is important to recognize that tradition itself is both received and invented: built in equal measure of wisdom transmitted across the generations and of creative visions of how the many strands of knowledge available today from diverse cultures of the world can be woven together in new patterns."* Human creativity is expressed in the reconstruction of the past and the present, and only such a fact would be enough to understand why: *"…notions of whole and pure traditions have not had much credibility for some time…"* (Ghassem-Fachandi 2011). The concept of tradition can then be manipulated both by the bearers of these traditions and by the subjugating powers in place, and must then be treated carefully.

Healing is also a controversial term. Suffice to say that for the present article healing will be considered as a holistic process, which may include physical, mental and spiritual elements. Traditional healing is then a controversial topic in itself, but is a useful category for apprehending differences between the world of local healing and the world of globalized/homogenized biomedical healing.

In the following pages, we will look briefly at the landscape of healing and especially traditional healing in India, before exploring the notion of boundaries in the Indian religious diversity and its different aspects of traditional healing. Finally, we will explain why, for a Quebec graduate student, it is quite interesting to study traditional medicine in India in general and more specifically among minorities.

HEALING IN INDIA

In Indian society, healing takes many shapes and colors. In comparison to biomedical practices, traditional Indian practices are deeply infused with holistic and spiritual elements. What is exceptional in India is the institutionalisation and government support to what can be considered widespread traditional medicines, such as ayurveda, unani medicine, and siddha medicine. *"The three Indian systems of medicine—Ayurveda, Unani, and Siddha—have, since India's Independence (1947), been receiving considerable encouragement by both the central and state governments"* (Dawar 2008).

If traditional healing among religious or ethnic majorities in India is going strong, evolving in parallel and even competing with biomedicine, fewer enquiries have been made about the state of traditional healing among marginalized people in India. We could start by asking: is there such a thing as traditional healing among tribal people of India? First, we must understand who the tribal people of India are. For Chaube: *"Tribals in India, as elsewhere, are not a homogeneous group. The 'tribe' in fact, is not even defined properly. In India they are an administrative category. The British, until March 31st, 1937, categorised them as 'backward classes'. It was under the Government of India Act, 1935, that they were first scheduled as tribes, a practice that was retained in independent India"* (Chaube 1999).

Langford (Langford 2003), while doing fieldwork among the Jaunty tribe of a central India state, demonstrated that healers themselves didn't categorize

their healing techniques as traditional and as an identity marker. Faced with religious and therapeutic bricolage, she reconsiders the existence of the concept of traditional medicine and folk medicine by using an emic perspective (meaning she is trying to see this situation through the eyes of her informant). This emic perspective allows us to put in perspective what has sometimes been perceived as two fixed categories, modernity and tradition. This shows the creativity of humans, and how categories and boundaries are fluid and sometimes even non-existent. In this perspective, we can agree with Langford that in the studied context the category of traditional healing may not be used by anthropologists, because it does not reflect the reality of the people studied. But since we acknowledge the links between spirituality and healing in many indigenous communities, denying the existence of traditional healing practices among these cultures would be denying their spiritual ways. This is particularly worrisome in parts of India where indigenous animistic people are cornered into conversion by Christian missionaries and Hindu nationalistic elements. But other studies also revealed the powerful link between Christianity and the awakening of indigenous identity quest, particularly in the North-east of India. *"The British conquered the Naga Hills, and for the first time introduced modern administrative and political institutions, a modern system of education, and Christianity. The emergence of a common Naga identity was largely an unintended consequence of these measures"* (Pandey 2011). Christianity, instead of becoming the culprit of the loss of identity, becomes an identification factor for most Naga communities and a boundary-maker between the Hindu majority of India and Nagaland.

However, other reactions are also possible. In Arunachal Pradesh, conversion pressures were also behind a resurgence of the traditional. Many tribes of the Adi language group share some loosely connected beliefs about Donyi-Polo (moon and sun), a dual god. In the seventies, missionary activities were considered dangerous to the cultural survival of the tribal people of the state. One of the initiatives to counter the spread of Christianity was to erect the Donyi-Polo traditions as an organized religion. Temples were built, where people could go to worship. Sacred books were written and printed. Organizations were founded. It is unclear in the literature currently available if this was a really successful endeavour.

The effects of spirituality and religion on healing among tribal and minority people in India is quite clear. Joshi (2008) clearly demonstrates that among the Naga, despite their mass conversion to Christianity, the therapeutic quest includes Christianized steps (meeting with priests, church meetings) but also traditional steps (exorcisms).

BOUNDARIES IN RELIGION, BOUNDARIES IN HEALING

Barth defines boundaries as: *"a particular conceptual construct that people sometimes impress on the world"* (Barth 2000). Since traditional healing in India is closely linked to spirituality, we can start by looking at religious boundaries in this country. This is a life-time subject to study, since boundaries are not fixed and are constantly renegotiated through space and time. But we can look briefly at the evolution of the religious boundaries in India from colonial times until now, so from the start of the British colonial period in India to the present.

For many, boundaries between religious communities in India are a colonial product. For many authors, British colonisation had for effect to favour the rise of a communal identity among groups that didn't identify themselves as Hindus or Muslims before. For Khan (Khan 2004): *"Whenever alliances were considered to be profitable, as for the example in the case of Rajputs and Mughals, inter-caste marriages were not banned. [...] Actually Rajput rulers considered that they belonged to the same Jati as the Mughal."*

According to Khan (2004), many religious masters of the 17th and 18th century were both Muslims and Hindus in their approach and: *"Foreigners were the first to use the word Hindu."* Others attribute this fencing of religious identities in India to the first census accomplish by the British in India, in 1871. By trying to categorize people according to European conceptions of religion and race, the British colonial helped in shaping the idea of Muslims and Hindus as constituting two separate communities. This was also accompanied by an uplifting of the moral behaviors between the natives and the colonizers. For centuries, mixing between the two populations gave rise to a number of Anglo Indians that form the elite of the Indian society of that time. *"16-17th century colonialists were less prone than their 19th century counterpart to draw cultural boundaries"* (Caplan 1995). So at the same time those religious boundaries were strengthened between groups, ethnic boundaries were also erected. This is not to say that communal identities are only a product of the colonial era, but that it did play a role in the emergence of strong ethnic and religious affiliations in India. Colonial rule was also influential in the rise of reformist movements among both Hindus and Muslims.

The Arya Samaj, a reformist movement planning to raise the status of Hinduism in the eyes of foreigners by making it more European-like, was the precursor movement to the Hindu nationalist movement. But still, and interestingly enough, religious boundaries may not be as solid as they may seem. Bellamy (Bellamy 2011) studied a Muslim shrine in Kerala where liminal and changing

identities were strongly expressed by some women; they would still consider themselves as Hindus, but would either study Arabic or wear the Muslim headscarf to better fit among the mass of pelerines. Healing places, such as the Muslim shrines in that last case, are a meeting place for the various religious traditions of South east India. Muslims, Hindus and Christians visit these shrines in search of physical, mental or spiritual healing. For some, this is the proof that religions in India are syncretic, meaning they absorb elements from each other. They also argue that religions in India are less syncretic and tolerant that they used to be. *"The rise of fundamentalism in recent years in India has obliterated the deep rooted syncretism in Indian culture"* (Burman 1996). In fact, what are often perceived as manifestations of syncretism and tolerance are two important facts of Indian religious life: pilgrimages and festivals. These Muslim shrines are often also pilgrimage destinations, where Muslims and Hindus go.

Even if we have to be mindful of the multiplicity of factors behind the building of boundaries, we can then conclude that religious boundaries are in fact in part a historical and social construction. But even in times of communal tension they are not as solid as they seem. They may seem solid in the eyes of religious authorities and bystanders, but at the popular level, pragmatism still wins the day.

BOUNDARIES AND TRADITIONAL HEALING

Traditional healing among scheduled tribes in India, particularly in the Northeast region, has been the object of ethno-botanic and folkloric studies, but very little of anthropological studies. So we know very little about tribal healing traditions outside the botanical aspects in this part of the country. What about boundaries between religious and healing worlds of tribal minorities and those of the other groups in India? Like we have seen before, traditions may be in part a social construction, but in fact have the potential to become powerful identity symbols. In that sense, traditional healing can be used as an identity valorisation tool. But the introduction of biomedical clinics and products may threaten traditional healing techniques, not only by providing other options for cure seekers, but also by cutting the ties between the spiritual and the healing worlds. In that respect, cultural changes brought about by conversion and education may promote re-invented cultural idioms that have very little to do with the past.

STUDYING TRADITIONAL HEALING IN INDIA

Studying traditional healing in India for a Quebec graduate student is quite interesting for many reasons. As I have shown, the traditional healing systems in India are complex and fascinating. Even if we have only skimmed the surface of this vast topic, we can see that this universe is extremely rich, both in the number of health alternatives available (due to fluid healing boundaries) and by the remarkable number of choices that people make in a period of crisis.

Traditional medicine exists both in India and in Quebec. In Quebec, traditional medicine can be classified in three categories: the traditions of the First Nations, the traditions imported by the first Europeans on the continent, and the recently introduced traditional medicines from other parts of the world. The traditions of the First Nations are currently going through a re-awakening phase, with many communities finding their way back to shamanistic practices. The popularity of these traditions is also on the rise among the Quebecers of European descent. Traditions from Asia, like Reiki and Acupuncture, are also surfing on a wave of popularity. But the future of the healing traditions that were imported during the European colonisation (such as bonesetting and herbal healing) is not that certain. In fact, the major difference between the two contexts is the place traditional healing techniques occupies in people's therapeutic choices. As shown by many authors, traditional healing in India is still a viable option for many. People will go from one therapeutic solution to another, until their problem is fixed or they found solace to their suffering. In Quebec, traditional healing has been losing ground for centuries, and what remains of it is mainly hidden from general media and scholarly attention.

However, during fieldwork in Saguenay Lac-St-Jean, a northern region of Quebec, we discovered that it is still widely present but remains quietly in the shadows in order to avoid any confrontation with the Quebec medical board. Indian and Quebec traditional healers and their patients have then a very different experience with modernity. Modernity in India has allowed a continuum between the past and the present. There appears to be almost a syncretism between what has been brought with modernity and the Indian traditions. Generally in the province of Quebec, traditional healers seem to have gone underground and for the most part are considered as frauds. This said, traditional healing in regions like the Saguenay-Lac-St-Jean still subsists.

Due to lack of information, we don't know if traditional healing among tribal minorities in India's North East is as alive as Unani and Ayurvedic healing. Having already studied healing at the margins in Quebec, it will be quite interesting to see how traditional healing is both practiced and used in another minority setting. Of course, French-speaking Quebecers are not a minority in their own province. But these traditions, of French origin, are certainly unique in North America, as are those of tribal people in India.

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LA GUÉRISON TRADITIONNELLE CHEZ LES MINORITÉS RELIGIEUSES EN INDE: LA PERSPECTIVE D'UNE ÉTUDIANTE QUÉBÉCOISE

Si nous devions faire le tour du monde pour étudier et identifier toutes les pratiques culturelles liées à la santé et aux maladies, on trouverait un nombre infini de possibilités. Mais dans des groupes donnés, ces pratiques peuvent constituer un ensemble cohérent, que l'on pourrait appeler un système médical. Certains de ces systèmes sont classés comme traditionnels, ce qui signifie généralement qu'ils sont basés sur la connaissance et les pratiques locales et sont en dehors des limites de la biomédecine. La guérison traditionnelle est un sujet controversé en soi, mais c'est une catégorie utile pour appréhender les différences entre le monde de la guérison locale et le monde globalisé/homogénéisé de la guérison biomédicale.

Dans la société indienne, la guérison est diverse et colorée. Les pratiques traditionnelles indiennes sont profondément imprégnées d'éléments holistiques et spirituels. Ce qui est exceptionnel en Inde est l'institutionnalisation et le soutien du gouvernement aux médecines traditionnelles, telles que l'ayurveda, l'Unani, et la médecine siddha. Si la guérison traditionnelle chez les majorités ethniques ou religieuses en Inde est en plein essor, évoluant en parallèle et même en concurrence avec la biomédecine, moins de recherches ont été faites sur l'état de la guérison traditionnelle chez les minorités tribales. Nous pourrions commencer par demander: y a-t-il une telle chose comme la guérison traditionnelle parmi les populations tribales de l'Inde ? Langford (2003), lors de son travail de terrain au sein de la tribu Jaunty d'un état de l'Inde centrale, a démontré que les guérisseurs eux-mêmes ne classent pas leurs techniques de guérison dans les catégories divergentes de traditionnelles et modernes. Le traditionnel n'est pas un marqueur identitaire et donc l'existence même d'une guérison traditionnelle authentique parmi les tribus indiennes est remise en question.

Mais puisque nous reconnaissons les liens entre la spiritualité et la guérison dans de nombreuses communautés autochtones, nier l'existence de pratiques de guérison traditionnelles au sein de ces cultures serait nié l'existence de leur spécificité spirituelle. Cela est particulièrement inquiétant dans certaines régions de l'Inde où les animistes sont coincés entre les pressions des missionnaires chrétiens et les éléments nationalistes, hindous ou autres. Mais d'autres études ont également révélé le lien puissant entre le christianisme et l'éveil de l'identité autochtone, en particulier dans le Nord-est de l'Inde. Les Britanniques ont conquis les collines Naga, et

pour la première fois introduit de modernes institutions administratives et politiques, un système d'éducation moderne et le christianisme. L'émergence d'une identité commune Naga était en grande partie une conséquence involontaire de ces mesures. Le christianisme n'est donc pas dans ce contexte considéré comme responsable de la perte identitaire, mais devient plutôt un facteur identitaire et un point de ralliement pour la plupart des communautés Naga.

La médecine traditionnelle existe à la fois en Inde et au Québec. Au Québec, la médecine traditionnelle peut être classée en trois catégories: les traditions des Premières nations, les traditions importées par les premiers Européens sur le continent, et les médecines récemment introduites et provenant d'autres parties du monde. Les traditions des Premières nations sont actuellement dans une phase de réveil. La popularité de ces traditions est également à la hausse chez les Québécois d'origine européenne. Les traditions asiatiques, comme le Reiki et l'acupuncture, connaissent aussi une vague de popularité. Mais l'avenir des traditions de guérison importées au cours de la colonisation européenne (par exemple, le bonesetting et l'herboristerie) est incertain. En fait, la différence majeure entre les deux contextes (Inde et au Québec) est la place qu'occupe la guérison traditionnelle dans les choix thérapeutiques des gens. Comme l'ont montré de nombreux auteurs, la médecine traditionnelle en Inde est toujours une option viable pour beaucoup de gens. Les gens se promènent d'une solution thérapeutique à l'autre, jusqu'à ce que leur problème soit résolu ou qu'ils aient trouvé un réconfort à leurs souffrances. Au Québec, la médecine traditionnelle a perdu du terrain depuis des siècles, et ce qu'il en reste est principalement caché des médias et de l'attention scientifique.

Le Québec et l'Inde ont en commun cependant la conquête et la colonisation par l'Empire britannique. Cette colonisation a rapidement mis un terme à la pratique libre des ramancheurs (*bonesetters*) et des sages-femmes. Les ramancheurs sont ceux qui furent les plus ciblés par les mesures visant à restreindre la pratique de la médecine à des professionnels certifiés par le collège des Médecins. Ainsi, depuis le milieu du 20^{e} siècle, les ramancheurs, qui sont fortement présents dans les études folkloriques, ont disparu de la vue du public.

Cependant, au cours d'une recherche au Saguenay Lac-St-Jean, une région du nord du Québec, nous avons découvert qu'ils sont encore largement présents, mais restent tranquillement dans l'ombre, afin d'éviter toute confrontation avec le Collège des médecins du Québec. Les guérisseurs traditionnels indiens et ceux du Québec et leurs patients ont alors une expérience très différente de la modernité. La modernité en Inde a permis un continuum entre le passé et le présent. Il semble y avoir eu un syncrétisme entre ce qui a été apporté à la modernité et les traditions. En général, au Québec, les guérisseurs traditionnels semblent avoir disparus de la vie publique. Cela dit, la guérison traditionnelle subsiste encore au Saguenay-Lac-St-Jean.

En raison du manque d'information, nous ne savons pas si la guérison traditionnelle chez les minorités tribales de l'Inde du Nord-est est aussi vivante que les autres médecines traditionnelles, telles que l'Unani et l'Âyurveda. Ayant déjà étudié la guérison alternative au Québec, il sera très intéressant d'étudier comment la guérison traditionnelle est à la fois pratiquée et utilisée dans un autre contexte minoritaire. Bien sûr, les Québécois de langue française ne sont pas une minorité dans leur propre province. Mais ces traditions, d'origine française, sont certainement uniques en Amérique du Nord, comme le sont celles des populations tribales en Inde.