

Illness-images and joined beings. A critical/Nayaka perspective on intercorporeality¹

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‘From *batha*,’ one of my Nayaka friends told me, ‘you die. Blood comes out of your mouth. All the food you eat comes outside; yes, it all comes outside.’ ‘With *batha*,’ another said, ‘the ankles swell, there is water in the legs. You cannot hold any food down; you are very weak.’ ‘White froth comes out of the mouth, like milk,’ a third person said. Contrary to what might be inferred from these detailed and graphic observations, given in part in response to my own inquisitive concerns, *batha* does not refer to a particular disease or a class of ailments. This Nayaka category, on which I focus in this paper, transcends western conceptual divisions and refers both to medical problems and to other misfortunes that Nayaka remedy through trances and divinations. Classifying diseases and misfortunes together, and using trances and divinations as remedies for them, is not at all unusual in the non-western world. In fact, cross-culturally, western biomedicine is more unusual than the Nayaka system in distinguishing between misfortunes and diseases that (while being a misfortune for the sufferer) are generally ‘treatable’, at present or in the future. Western medicine is also unusual in that it distinguishes between ‘medical’ treatment and what conversely is characterised as ‘spiritual’ or ‘supernatural’ healing – or in New-Age jargon, ‘alternative’ medicine.

Far from presenting *batha* as an ethnographic novelty my object in this article is to explore a perspective on it that may be of wider interest precisely because *batha* is not a rarity. I shall explore this local concept in critical relation to the notion of ‘intercorporeality’, as discussed by Weiss and Waldby, arguing that *batha* illustrates a non-western rendition of this concept that also provides a perspective on *batha* that highlights the latter’s relational nuances.

A feminist philosopher of the body, Gail Weiss argues in her book, *Body images. Embodiment as intercorporeality* (1999) that we should not see the individual’s body or body-image as autonomous. Individuals engage in social interactions that have a corporeal dimension. Their senses and images of the body continually grow within a field of intercorporeality. Multiple body-images, she proposes, are co-present in any given individual, just as multiple identities are. These body-images are constructed through an endless series of corporeal exchanges that take place outside specific bodies,

1 I want to thank the editor and an anonymous reader whose comments gave this paper an unexpected turn, my friends and colleagues at Haifa University, Anath Ariel De Vidas, Debora Golden, Sigal Goidin, Tamar Katriel, Amalia Saar and Michael Saltman, and my students Danny Naveh and Ayelet Peled.

and are embodied in them. In the phenomenological and psychoanalytical tradition, Weiss' work focuses on the specular body-image (that is, the image of the body as visible to others and as represented in public spheres). This bias is critiqued by Catherine Waldby (2002), who gives the discussion an interesting turn by linking the concept of intercorporeality with sociological and anthropological work on tissue transfer. Waldby points out that, contrary to official, medical, ideological representations, tissue transfer affects the embodied identity of donors and patients. The patients do not regard the fragments removed from a particular body as detached things, severed from social identity (Fox and Swazey 1992; Tober 2001; Varela 2001; Lock 2002). Rather, they experience 'forms of bodily relationships and indebtedness, and . . . confusion of selves . . . neither anticipated nor recognised by medical researchers or liberal bioethicists devoted to the defense of an autonomous self' (Waldby 2002: 251). Waldby sees in this 'a profound kind of intercorporeality', and stresses the need to link the discussion of intercorporeality with health/illness matters.

Turning with Waldby to the illness/health realm, I am concerned by the western-centrism of Weiss' discussion, which is amplified further by Waldby. Weiss is the first to admit the paradoxical nature of her project. Her book begins by stating that 'the body' and 'the body image' are problematic expressions 'insofar as they imply discrete phenomena that are capable of being investigated apart from other aspects of our existence to which they are intrinsically related' (1999: 1). Furthermore, the definite article suggests that 'the body' and 'the body image' are neutral phenomena, while in reality 'there is no such thing as "the" body or even "the" body image.' Rather, we always respond to particular bodies affected by gender, race, age and changing abilities, for example, a woman's body, an attractive body, an ageing body, a Jewish body, and so on. Yet, the paradoxical nature of Weiss' project goes further than this. Consider the words (in italics below) in which the arguments are made: 'multiple body-images are co-present in any given *individual*'; body-images 'do not arise out of a *private relationship* between an *individual* and *her/his body*'; 'body images that are co-present in *any given individual*, and which are themselves constructed through a series of social and corporeal exchanges that take place both *within* and *outside* of specific bodies' (1999: 2). While Weiss' project with other feminist theorists is to explore relational notions of identity, personhood and (particularly, in her case) corporeality, the available language for wording her arguments entrenches them in our hegemonic perceptions. 'The individual' is still the unit of observation, and a bounded one at that, with a clearly demarcated 'inside' and 'outside', though now he becomes 'the pluralised individual' (in the singular), whose interior is compound. The plural nature of social life, described as 'exchanges' between individuals, is embodied within each one of them. Behind this scenario there clearly lurks a 'methodological individualism' of sorts and a market perspective. We are also left to wonder whether this individual, who 'has a relationship' with his body, does not exist in advance of this body, in a Cartesian fashion. Above all, intercorporeality refers in this context to the embodiment of exchanges between (and outside) such bodies inside each one of them. This is a western rendition of intercorporeality. (Though I do not claim that it is exclusively western. I leave the question open, particularly in light of Strathern's (1988) work that describes the Melanesian 'in/dividual' as a composite microcosmos of relations). Waldby's 'profound kind' of intercorporeality provides the perfect image for this: bodies temporarily opened up for tissue transfer and then stitched up and re-enveloped each within its own skin; skin-bounded bodies with parts of others inside them.

When studying other cultures, of course, we are still limited by our own language's historical and cultural antecedents. But as shown repeatedly in anthropology, exotic ethnographies can still help unsettle our implicit assumptions, if only by opening us up to other experiences and images. *Batha* is a case in point. I find in this indigenous category a challenge to the social imagery underscoring this western rendition of intercorporeality. Its imagery suggests, I shall argue, another approach that does not stress 'the pluralised individual', not to mention 'the individual'. Rather, *batha* highlights the 'inseparable many', predicated as it is on a sense of 'us' and 'we' (more than 'self/selves', whether as a single agent or a series thereof). Although Nayaka can, clearly, observe the sufferings of the individual body, the concept of *batha*, I shall argue, directs attention to joined humans and non-humans, who together are constructed as 'our relatives'.

Intercorporeality in turn helps us acquire a new perspective on *batha*. Although Nayaka can describe its symptoms – some of which are known by bio-medicine as tuberculosis – the local interest is not primarily in studying, labelling and healing these symptoms in a biomedical manner (cf. Hodgson 1982; Menegoni 1996; Caprara, Abdulkadir et al. 2000). Nayaka are also not primarily concerned about the reasons why a particular person at a particular time was attacked (cf. Evans-Pritchard 1937; Parkin 1985; Rasmussen 1989). In the first case, the disease is the focus of concern, and in the second, the misfortune, while both are inseparable in the local context of turning to trances and divinations. In examining *batha*-ethnography in relation to intercorporeality (rather than, say, aetiology, evil or western medicine), I shall show that the rhetoric of *batha* is predominantly about 'giving' and 'caring,' and promising 'to give' and 'to care'. And, the 'ill', so to speak, is not 'the individual', nor even 'the family' (cf. Skultans 1987; Coker 2003) but the web of relations between joined humans and non-humans who share living in the same place.

As a methodological device, *batha*-ethnography will be examined in juxtaposition to how some western illness-metaphors embody western cultural notions of body, self and society (e.g., Sontag 1978; Meyers 1985; Porter 1985; Horst and Daemmrich 1987; Clatts and Mutchler 1989; Pouchelle 1990; Balshem 1991). Special use will be made of Susan Sontag's early 'Illness as metaphor' (1978) because it focuses usefully for our purposes on tuberculosis in nineteenth- and twentieth-century Europe. Furthermore, it explores how these metaphors reflect the emerging modern idea of individuality. To avoid misunderstandings, I should stress that these studies are used only as heuristic starting points for the discussion. A totalising, dichotomising comparison is not intended at all, only a rhetorical one that helps us to be aware of some of our own western-centric understandings, and to explore and clarify the indigenous senses in juxtaposition to them.

The paper begins with a general introduction to the Nayaka with whom I worked, with a non-specialist readership in mind. It then elucidates their ideas of 'joined beings' and 'ill relations'. Finally, it uses the discussion to formulate a Nayaka critical perspective on intercorporeality.

Ethnographic context

As an ethnographer of a very small-scale society, I am faced with the problem of making generalisations, just as ethnographers of large societies are. What I gain by my direct

contact with a relatively large proportion of the studied society, I lose because in very small societies idiosyncrasies are not neutralised by the strength of large numbers. All the same, a brief introduction is necessary, particularly for the general reader who may not be familiar with such small, exotic communities. My object below is not to offer a naturalistic account of the Nayaka, but rather to provide a sense of context, however partial, dated and brief, if only as a background for our own theoretical concerns.

Nayaka people live in the Wynadd area at the crossroads of the border between Tamil Nadu, Kerala and Karnataka. The 1981 official Indian census put the entire population of this so-called 'scheduled tribe' at 1400. A home-to-home survey conducted in 2000 by students from Madras, aided by the local development organisation, ACCORD, suggests that there are now far more than double this number in the Gudalur area. In nineteenth- and early twentieth-century literature, these people were referred to by a variety of names such as Kattu Nayaka (*kattu* means forest), Sola Nayaka (*sola* means woods) and Jenu Koyy Shola Nayakas (meaning 'the honey-cutting lords of the woods'). These names reflect two aspects of their lifestyle that outsiders found most striking. First, they lived inside the forest, frequently in small settlements not fenced off from the surrounding area, and often containing as few as two or three dwellings each. Second, they collected wild honey and other minor forest produce that they sold, along with various wild roots, fruits, berries, fishes and (to a limited extent) game, to make a living. This lifestyle made village and city observers regard them as part of the forest, as 'primitives', as 'a backward tribe', as 'food-gatherers', as a 'Fourth World people' or as 'masters of ecological wisdom', depending on changing intellectual and political fashions. In orthodox anthropological terms, they are a 'hunting and gathering society'; a problematic category in its original 1950s cultural-ecological sense, but one that is still commonly used. For some anthropologists it frames their ongoing research into evolutionary questions, while for others, myself included, the category offers a comparative context for studying common social practices and cosmologies (see Bird-David 1990; Bird-David 1992b).

Since the 1950s – accelerating after the late 1970s when I first studied them – Nayaka have been relying partly on wage work on the tea and coffee plantations that have been spreading fast in the region, eating into virgin and secondary forest. Some larger semi-permanent settlements have been growing up next to work sites. In some of them, development agencies built brick-and-cement buildings in place of the traditional dwellings made of forest material that has become harder to obtain. However, even if not immediately apparent at first glance, longstanding traditions nonetheless live on in mutual accord with these changes. Some of the hamlets are still very small, including the one in which I lived during 1978–9 and revisited subsequently in 1989 and 2001.

One persistent tradition is the view of the surrounding forest as not just an assemblage of fauna and flora, but as a community of living beings with whom close relations of mutual care and responsibility must be maintained. These beings are urged and expected to provide food and other material requirements generously. Foraging in the forest is accordingly not seen merely as an economic pursuit. To engage in this activity sustains an important sense of personal and communal identity. It involves communion with non-human beings and social interaction with fellow-men, and it is also considered an enjoyable pastime. For all these reasons, foraging did not cease with the advent and growth of wage work. To the extent made possible by

the remaining forest in their respective localities, Nayaka combine wage work with forest pursuits. Indeed, when possible, they take on the type of work that leaves them free to continue foraging in the forest when they want. For example, they decline permanent employment, opting instead for such casual, non-skilled work as watching estate-borders, weeding and clearing forest paths (see Bird-David 1983b; Bird-David 1992b).

Another persistent tradition is close communal living, where there is little separation between the public and private arenas, and life is generally lived outside in the open air, in close proximity to other people. In traditional small forest settlements, people often slept, cooked and ate outside their houses, around small fires that burned throughout the night, except during the rainy period. Their houses were built very close to one another. In addition, the walls, often made from strips of bamboo, offered little audible or even visual privacy. Occasionally, several houses were joined together in a row with barely any partitioning walls between them. Lean-tos that rested on rocks or other dwellings and entirely lacked walls also met housing needs, and no effort was made to wall them in on all sides. Some settlements eventually became more sedentary, because workers needed to remain close to their place of employment, safeguard their land rights or respect restrictions on settlement instituted by the forest department or private forest-estates. Land erosion then made it necessary to build the houses on raised platforms made of beaten mud, rather than directly on the ground or on a rock face. These houses were built so as to leave a veranda around them over which the thatched roof protruded, creating further open living spaces. When deforestation accelerated in the 1980s and 1990s, and timber, bamboo and grass became harder to obtain in the forest, in some places black plastic sheets were purchased to replace the fast-decaying grass roofs. These plastic sheets were expensive to buy, and, as it turned out, no more durable than the grass. The houses stood with torn, ragged roofing, and where the landscape allowed it, lean-tos were again directly built on to rocks to cut down on building materials. The jumble of rock shelters, shacks and decaying, traditionally-built shelters looked far more pitiful than before and attracted the attention of government and non-governmental organisations. But even where such agencies constructed brick-and-mortar buildings for Nayaka, the inhabitants, weather permitting, continued to carry out a great deal of their domestic life outdoors. Life *together* continued to be the norm, and the commonplace practice.

Yet another persistent tradition is the construction of all members of the community as relatives. Due to the fact that the population is so small and that many marriages (though by no means all) are endogamous, most of those who live in the same or neighbouring settlements are related by actual descent or affinal links. Irrespectively, *all* those who live in the same community are referred to and addressed by kinship terms, and are constructed as 'family', including even an utter foreigner like me living with them for over a year in the course of a participant-observation study. As Nayaka became more involved in wage work and interacted with government and non-government organisations, the need for using personal names grew. Outsiders who needed identifying personal names for their administrative purposes bestowed the names on individual Nayaka. But Nayaka indifferently kept changing these names, preferring among themselves to continue using kinship terms. The everyday use of kinship terms continues to frame each person as a *relation* of another, rather than as a separate and distinct human being.

A strong sense of egalitarianism, expressed in diverse ways, is another noteworthy characteristic of this small community.² Traditionally, there has been little division of labour even by gender. Husband and wife often went foraging together, accompanied on many occasions by their children. There were few restrictions on access to natural resources or to the knowledge required for using them. Husband and wife not only frequently went foraging together, but also shared many tasks between them. Among the exceptional gender-segregated pursuits was collecting honey from tall trees and cliffs, an activity carried out by men only. Such collections occurred infrequently, however, because the honey was only collected on moonless nights and was unavailable in abundance even before deforestation further reduced its production. The increasing role of wage work altered, but did not entirely end, these patterns of joint labour. Inasmuch as both husband and wife worked for wages in the same place, they commuted to the work sites together, and opted for assignments that allowed them to do the work together. Some couples even shared sentry jobs and patrolled together along the borders of the estates or plots to which they had been assigned. It is important to note that generally, the language of rules and sanctions, drawn from the modern bureaucratic state, is in sharp dissonance with the Nayaka antipathy to rules and regulations, hierarchical structures and coercive restraints (cf. Overing and Passes 2000). While there is a general sense of appropriate etiquette, we cannot really talk about a generalised, abstract code of behaviour prescribing the same kind of behaviour by everyone towards everyone else. The etiquette largely concerns itself with how to *avoid* offending or alienating another person in specific concrete situations. This, out of the desire to withdraw from engagements of potential stress, and live amicably with everybody in this very small community (Overing and Passes 2000:xiii).

The trance-gathering is a major ritual that is constantly evolving, but retains certain recurring features. It helps to sustain relations with the other-than-human beings with whom Nayaka believe they share the world: mythic ancestors, naturalistic spirits (the most important of whom are hill-spirits, *male devaru*), deities whom non-Nayaka neighbours believe in (mostly minor Hindu deities) and other-than-Nayaka previous inhabitants of their areas, even including white colonialists. All these beings are addressed as *dodavaru* (big people or persons), and by kinship terms such as ‘big-fathers’ and ‘big-mothers’. Every year or so, all of them are invited to sing, dance and share a meal with the living. One or several performers fall into trance and these beings ‘arrive’ through them. A sort of dialogue goes on day and night between these ‘visitors’ and the celebrants in the course of which the former are made to promise to look after the health of the latter, and the latter promise to look after the needs of the former and follow the forefathers’ ways. The dialogue is mostly informal and friendly, and involves demanding and assuring care and concern. Among other things, the event as a whole is a major venue for producing and circulating relational knowledge about the physical and the temporal environment (Bird-David 1999; Bird-David 2004).

Batha refers to illnesses and misfortunes for which the *dodavaru* are responsible, as distinguished from ailments that are classified by the bodily location of the pain, and for which naturalistic causes are related. For example, *bari-barta* (where *barta* means ‘pain’ and *bari* ‘side’) that could be related to carrying a large load of firewood,

2 ‘Egalitarianism’ carries heavy western biases that should not be uncritically imported into this ethnographic context (Bird-David forthcoming a).

or *ota-barta* (meaning ‘stomach ache’, which may be related to eating unripe jackfruit seeds). Forest medication is expertly used by these Nayaka, in a keenly empirical manner concerned with its efficacy. Furthermore, they increasingly go to dispensaries in nearby plantations and compare the efficacy of these medicines with their own. But in cases of *batha*, diagnosis and treatment involve communication with the *dodavaru*. This is done routinely in the ritual described, and in between rituals as the need arises. People occasionally turn to minor trances performed privately, with little ceremony, sometimes not even in the presence of the patient. Alternatively, they may use a divination game (*barlow*), in which the player throws a handful of seeds (*samme*), and regroups them two by two until they are all heaped together. If a single seed remains, the ailment is read as *batha*.³

The distribution of the belief in the efficacy of these healing practices is varied and dynamic (Lewis 2002). Patients evidently do not always recover, and some enjoy a remission and then fall ill again. Some people are more sceptical than others, partly as a function of age, experience and personality; and the views of the individual himself may change from time to time. It is precisely because Nayaka persist in these practices despite their deficiencies that it behoves us to view them not only as a means of treating illnesses and misfortunes but also, more broadly, as authoritative, cultural practices regenerating deep-seated understandings about the world. We can examine the world of images and practices surrounding *batha* with an eye to learning something about Nayaka cultural truths concerning the interplay of selves, bodies and emotions.

Joined beings

In the images surrounding tuberculosis in nineteenth century and early twentieth century Europe, there can be glimpsed the emergence of the modern idea of individuality (Sontag 1978). The illness individualised the person, setting her in relief against the environment (*ibid.* 37). Exile, and isolation in sanatoriums became conventional forms for treatment of the disease (*ibid.* 33). In a popular view, the cause of and cure for tuberculosis lay within the self, just as similar beliefs surrounded cancer and Aids in the twentieth century. People were encouraged to believe that they got sick because of *self*-destruction and could be cured by *self*-management (*ibid.* 55). The disease was thought to reveal something singular about the individual’s character (*ibid.* 38) and was an expression of her ‘inner self’ (*ibid.* 46).

Rather than reflecting a sense of individuality, the imagination of *batha*-illness reflects a sense of what I call ‘joined beings’. In these very small communities, where domestic life goes on largely outside the huts in the open, sick persons commonly stay outside in the shared domain with everybody else until their last days. Not only are they not banished from the community, nor secluded from others, in a sense *they* are at the hub of social living. Only healthy people can go out to forage in the forest or work on the estate, where they can get away from others and achieve some privacy. The sick persons

3 The symbolic meaning of the single seed did not concern participants. One man drew an analogy between the single seed and an elephant, which away from the herd, on its own, is disturbed and dangerous.

remain in the hamlet, unable to walk away. They are at the locus of shared social living, amid their relatives and fellow-residents who come and go as they carry on with their lives around the sick.

While *batha*-illness is associated with death, death in this case is not seen as a radical departure from the living, an irreversible removal from family and relatives (cf. Ingold 2000:142). In a common Nayaka perception, the dead do not depart to another place. No devil or (animated) 'death' comes and snatches them from the living. The deceased are transformed from visible, bodily fragile people to invisible, trans-bodily ones and in this state join the *dodavaru* and continue to share the world with their living relatives. Revealingly, Nayaka emphatically distinguish between two death scenarios. The first is dying of illness at home, and the second is dying in the forest from an accident. The socio-spatial location is more critical in this distinction than the cause of death. For example, if a man fell off a tree in the forest and died then and there, away from the community and alone, his death would fall into the second category. However, if he were seriously injured, carried back to the hamlet and died at home surrounded by relatives, his death would fall into the first category. The former is a matter of grave concern; in the local perception, the deceased becomes a malevolent spirit, bent on harming people and dangerous to encounter. He is 'caught' in due course and brought back to the hamlet where – in an atypically serious, intense and fearful mood – Nayaka conduct a ritual designed to help him return to the community and join the *dodavaru*. On the other hand, when an individual dies at home, he is buried on the same day or the next day. A series of rituals are conducted, stressing and regenerating social connections. A meal is shared by all present. A small pit is dug into which water is poured (directly or into a bamboo container placed in it), along with a few drops of oil that float until they meet and coalesce. This is read as a good omen that the dead are joining with the *dodavaru* (Bird-David 1994). A relative of the deceased then pours the water with oil on his head, stressing the simultaneous link with the living. Additionally, further symbolising connections, a ring – preferably a ring that belonged to the deceased – is passed from hand to hand and worn by a relative, or, if the deceased had no ring, any ring is given by one Nayaka to another to wear. (At the trance gathering, rings from the past year are given to the *dodavaru* and henceforth are used, among other things, for invoking the dead relatives at future trance gatherings.)

Rather than 'revealing something particular about the individual', or being an 'expression of his inner self', *batha* reveals something about the state of inter-subjective relatedness, and above all about the social skills of living *with* one another. A recurring notion in the idiomatic dialogue with the *dodavaru* is *budi*, meaning 'social sense', 'tact', or perhaps in contemporary jargon 'social intelligence'. *Budi* is regarded as a basic competence, not something with which one is born, but a skill acquired as one grows older. *Budi* is learnt from, and at the same time *is* what enables, living with others convivially. Young children have little *budi*, I was told many times. They are not yet aware of the importance of social relatedness, nor are they competent at cultivating it. *Batha* is explicitly connected to *budi*. Lack of the latter, it is stressed, begets friction, which can cause drifting apart, letting *batha* in.

Nayaka argue in the idiomatic dialogue with the *dodavaru* that, like children, they have little *budi* and so should not be held responsible for what they do. 'We are only children,' they say, 'who have little *budi*; you should tell us what we do wrong'. Nayaka parents are expected to tolerate what children do and not react even if the child does something that annoys them. When a Nayaka parent does get angry at a mischievous

child, it is the parent herself who is immediately admonished by friends and relatives. In the same vein, Nayaka admonish the *dodavaru* for not repressing their anger and inflicting *batha*. We are, they keep saying, children with no *budi*; the *dodavaru* should not inflict illnesses upon us.

In a sense, *batha* is associated with flaws of character. However, the flaws are found not in the character of the sick person, but in the character of the joined self, who did not repress his feelings. In the first case the self is blamed and in the second the other is blamed. In the first case the illness is associated with self-betrayal (Sontag 1978:40), and in the second with other-betrayal. The dialogue in the trance gathering reflects such a degree of need and right, vulnerability and dignified disgruntlement, helplessness and empowerment, surprising from a modern perspective, for this reason. Nayaka turn to the *dodavaru* to deal with their *batha* as well as to blame and reprimand them. This duality is evident in this example of a woman who raised the issue of her own daughter's illness during the trance gathering. She demanded to know from the *dodavaru* what they were going to do about this illness. Her daughter was ill, she stressed, and should be cured. The girl's husband intervened and said that he had borne the brunt of the expenses for entertaining the *dodavaru*, who now *must* grant good health to his wife.

Batha is associated with emotions oriented largely not inwardly towards oneself, but outwardly towards a joined self. *Batha* is connected with envy and anger, care and concern, irritability and forgiveness. In the images surrounding *batha*, the healthy person is not the one who is self-content (and does not 'eat himself up') or who is at peace with himself, as a persistent common European image holds (Sontag 1978:55). Rather, the healthy person is the one who is generous towards others and shares with them. Similarly, the sick person is not the one who represses his anger and frustrations in an excessive exercise of self control, as in a common twentieth-century American view of cancer (Balslem 1991). Rather, the afflicted person is the one who is the recipient of an anger released by joined others.

The discourse on *batha* foregrounds the sense of being together, not the sense of a separate self. This is not to say that autonomy is not enjoyed here, only that it is not the kind of autonomy (the western hegemonic kind) that is opposed to relatedness (Myers 1986). As is true of many other small-scale indigenous groups, in Nayaka communities people generally think and talk about themselves in the first person plural. For example, they do not refer to 'my home' or 'my language', but almost always to *nama basha* (our language) or *nama sime* (our home-place). They normally refer to themselves as *nama sonta* (our family/those who belong/people), not as 'Nayaka', which they use mainly in dealing with outsiders, from whence this collective name originated. Their sense of identity – better described in this case as 'we-identity' rather than by the western commonplace of 'self-identity' – arises from being with relatives more than from how one is seen 'from the outside' or 'in the mirror' through the dynamics of introjection and projection, identification and dis-identification. These psychological notions that underlie Weiss' concept of intercorporeality are hardly translatable into Nayaka terms, even in a concrete sense, let alone metaphorically. In the late 1970s, those with whom I worked did not know of mirrors at all. Nowadays, those who have mirrors usually keep them in boxes for special occasions, or just for the sake of having them. The mirrors are not displayed and do not provide an ongoing reflection of oneself 'from the outside'. Furthermore, the local sense of personhood is not underscored by bodily visibility: their world, after all, is populated with invisible 'persons'. As I have argued elsewhere, the local sense of personhood predicates engagement with others: whoever

engages-with others responsively and responsibly is a 'person' in their terms, regardless of gender, age, race and even body-form and humanity (Bird-David 1999).

All in all, *batha*-images do not reflect a sense of a separate autonomous self, as do some Euro-American illness images. Neither do they reflect, however, a relational self in Weiss' and Waldby's sense of intercorporeality, a bounded self (however fluid its contours) with a composite interior embodying exterior relations, or even the organs of others. Rather than inside/outside and one/many, the coordinates of *batha* imagery are primarily togetherness/distance from others (and secondarily, selfishness/generosity and intolerance/tolerance) predicated on close living with others. Instead of the Cartesian 'autonomous self', we can speak in their case not of a 'plural self' but of 'joined selves', or better still, 'joined beings'.

Relations

In common European images, illnesses inhere 'within the body'. 'The body' is isolated for attention and is commonly described by material metaphors. For example, as early as the fourteenth century in France, the body was described using architectural metaphors such as a house, a fortress, an edifice, a cell, a cage and a box (Pouchelle 1990). In seventeenth-century England, the body was characterised as God's workmanship, a temple to be kept pure, clean and in good order (Lupton 1994). 'The body', then, is commonly perceived as being in constant 'threat from the outside', open to invasions and attacks. In medieval terms (Lupton 1994:56), illnesses were viewed as invasions of nature, wilderness and animality, while in twentieth-century terms, they are regarded as attacks of viruses and germs. 'The body' is expected to protect itself, whether by keeping pure, in some views, or by 'internal surveillance systems to monitor foreign intruders' (Martin 1990).

Nayaka sense of *batha*-illnesses avoids the premise that illness is a 'foreign intruder' who 'invades' and 'dwells within the body'. A body/mind dichotomy does not pervade Nayaka imagery (Bird-David 1999); they do not isolate 'the body' for attention, separately from 'the mind' and 'the emotions'. They do not abstract 'the body' from the social situation in which bodily acts are involved, just as they do not 'land' from landscape (Ingold 2000). Rather, the Nayaka with whom I worked focus predominantly on a person's communicative behavior *vis-à-vis* another: handing something to another, walking away, raising a voice, coming closer or drawing away. Each event involves for them inseparably what we distinguish as physical, social, emotional and cognitive aspects. A physical movement upwards of a hand holding a vessel, for example, is inseparable from the person's lifting the hand in order to give the vessel to another, and the sense (among others) of sharing and caring that this gesture conveys. The whole gestalt evidences the presence of a 'person'.

Nayaka perspectives focus on persons-in-touch rather than on the singularised 'skin-bounded body'. If in some Euro-American images the skin binds and isolates 'the body' from the 'outside'; in local experience equally at least it also, and equally, *connects* bodies. The tactile, common, everyday experience of sleep provides a good illustration. Children sleep with their parents until a relatively old age, even up to their early teens. Then, they do not sleep each by him or herself, but instead share sleeping-mats with others. As well as sharing mats with their friends, adolescents also sleep with older Nayaka (unmarried, divorced and widowed) so that the latter do not sleep alone. 'Sleeping alone' is a sign of uneasy relations with the lone sleeper, a social pathology which usually signals his or her imminent departure to another place. At the

same time, 'sleeping together' is not equated with sexual intercourse, as this euphemism in everyday spoken English implies. Almost without exception, the Nayaka whom I knew slept together with others, body to body, joined at the skin, rather than separated by it. From two up to four, and sometimes, even five people, normally shared the same mat and the same blanket, appreciating the warmth of their joined bodies especially when the fire died out in the small hours of the night. The skin for them, it can be said, constitutes the interface as much as the boundary between social bodies.

'Touch' is not only a commonplace experience for these Nayaka, but also underscores their conception of relations. To use a well worn English metaphor far more literally than is common today, social ties in this community hinge on keeping 'in touch' with one another. Immediacy is crucial for maintaining relations, which are nourished by living in the same place or by frequent visits and sharing (Bird-David 1994). Nayaka who move away beyond the orbit of recurring visits are no longer counted as relatives, and this applies also to biologically and biographically close relations. The cardinality of what variably is described in the literature as proximity, contact, contiguity or immediacy is stressed in ethnographies of other small communities of this kind. Guemple (1988) describes, for example, Inuit 'proximal organisation'. Myers (1986) draws attention to the 'tyranny of distance' among the Australian Pintupi. Bodenhorn (2000) recently described how Alaskan Inupiat refer in the past tense to a brother who is afar, saying that he *was* a brother, even when he is still alive.

In this context, *batha*-illnesses are not thought to 'invade' the 'skin-bounded body', but rather come 'between' body-subjects and jeopardise their joining and dealings with each other. When *batha* is acknowledged, Nayaka attention is directed not inwardly into 'the body', but outwardly to the interface with other beings. Rather than assuming that something is wrong 'within the body', they assume that something is wrong in the 'touch' with other beings, and above all with the *dodavaru*. Why the *dodavaru*? The *dodavaru*, firstly, are an important part of the local web of relatedness which, in Nayaka terms, expands to the horizons and connects all beings that share the same place with them (Bird-David 1990; 1992; 1999; 2004). In functionalist terms, disruptive emotions like blame and anger are channelled in this way towards the *dodavaru* and away from one another, something that is crucial in this intimate social setting. Yet, another important consideration is that the invisible *dodavaru* stretch the limits of the Nayaka 'touch' regime. They exist as persons through their communicative and engaging actions, which are made apparent especially in the trance gatherings. Their particular behaviours, personalities, demands and complaints become known through ritualised, routine dialogues. However, these gatherings are expensive to hold and take place only once a year. *Batha* allows for ongoing engagement with the *dodavaru*, and so makes their presence present, in between as well as during these gatherings. Illness and misfortunes with no obvious natural or physical cause – or their absence, which is tantamount to being protected or healed from them – as *batha* are signs of the *dodavaru*'s personhood and existence. In a sense, *batha* in the local conception is inseparable from the *dodavaru*'s feelings and the *dodavaru* themselves, just as the physical movement upwards of a hand holding a vessel is inseparable from the sharing and caring that this gesture conveys. *Batha* is a sign of a fractured 'touch' with the *dodavaru*, inseparable from and embodying the latter's discomfort at not being shared with and cared for. Its absence or removal, conversely, is indicative of flowing relatedness and caring.

Batha-illnesses not only start but also end in an intercorporeal space. This concept, I believe, explains why other than appealing to the *dodavaru* and promising to make

offerings to them at the next trance gathering, little else is done to conciliate with the *dodavaru*. In Nayaka terms this is sufficient, and most sessions go no further, in stark contrast with what is described in the classic Africanist ethnography. In the latter context, to use Mbiti's words, in order 'to combat the misfortune or ailment the *cause* must . . . be found, and either counteracted, uprooted or punished' (Mbiti 1995 [1969]:170, emphasis added). *Ipsa facto*, in the Nayaka context, the trances and divinations in and of themselves restore 'touch' and engagement with the *dodavaru*. The promise to share with the *dodavaru* in the future expresses an enduring commitment to continue relating to and being 'in touch' with them, thereby keeping illnesses at bay. In this social milieu, where 'social relations' are not a matter of rights and duties, but are understood as a dynamic historical process, a *retrospective* search for causes is not as essential as a *prospective* commitment to continuing sharing and living together. Neither restitution nor punishment can restore relatedness. Ruptures in relatedness cannot be healed by addressing the cause of the deterioration any more than a train can be put back on the track by removing the obstacle that derailed it.

In some cases, the healing procedure goes further, and a 'third party' is implicated, throwing more light on the sense of intercorporeality that underscores *batha*. The estrangement with the *dodavaru* in these cases is related to 'someone' who, by making offerings to the *dodavaru*, set the latter against the stricken person. Instead of a 'witch-hunt' that, in anthropologically classic fashion, identified who specifically, either intentionally or unknowingly, caused the trouble – be it a witch or a sorcerer, a neighbour or an 'other' – here the exact identity of the 'third party' remains vague and is really inconsequential. For example, 'someone in Wynaddu' may be named as this third party, where 'Wynaddu' is the name of the entire region. Or, the 'someone' mentioned is an individual whose whereabouts are no longer known, whom the patient spurned in order to marry another man. This, when the patient concerned is seventy years old, and the event occurred close to fifty years before, in another far away place. The primary concern lies with the interruption itself in the flow of relatedness with the *dodavaru*. The 'third party' exegesis embodies, firstly, the idea that social relatedness with the *dodavaru* is not a given, but has to be cultivated. It arises from sharing and being together rather than from a status defined or a relation named. Secondly, and more importantly for our purpose, it reflects a sophisticated sense of the world as expanding waves of social relatedness, a network of mutualities, where disturbance at one end reaches and affects the other. *Batha*-illness in this view is a register of ruptures in social flows, a history of particular cases of joining and separating, sharing and refusals to share, caring and indifference, directly and indirectly, far away and long ago.

Unlike in the European images, the prevention of *batha* does not involve regulating what enters and is 'in' the body (good food and vitamins, a peaceful mind and relaxed disposition, hygienic behaviour etc.). Rather, it involves learning how to keep 'in touch' with the *dodavaru*. In a sense, the trance gathering is a pedagogic event. In its course, Nayaka are repeatedly advised that they should care for, and look after, the *dodavaru* to keep healthy. The invoked *dodavaru* express their need for and expectation of food, dances and music. They request that Nayaka conduct the celebration in the same way as the *dodavaru* did in their days, and caution that failure to do so will bring about an outbreak of illness. In addition, the mutuality between Nayaka and the *dodavaru* is stressed. 'If you look after us', the *dodavaru* promise, 'we will protect you from illnesses'. 'If you do not look after us', Nayaka repeatedly remind the *dodavaru*, 'who

will be there to look after you?’ ‘If you look after us and protect us from illnesses’, Nayaka promise, ‘we will give you more food at the next trance gathering’. And so the dialogue continues.

That illness inheres within the ‘individual’, who needs to be treated in order to get better, might seem self evident to westerners. Yet, it is not a universally shared assumption. Skultans (1987) showed how some Maharashtrian women try to transfer illnesses from their sons, husbands or daughters to themselves by falling into a trance, and transforming themselves into the patients. Elisabeth Coker (2002) develops a similar argument by examining why in Egyptian mental hospitals psychiatrists keep a record of family members’ accounts of patients’ disruption of life in the home. These studies shift attention from the ‘individual’ to ‘the family’, and in some sense, then, only from one discrete, bounded unit to another. Nayaka *batha* turns attention altogether away from the separate self, or even the family, to an open-ended web of local connections which is granted without being fully known. It expresses Nayaka concern with an irreducible plurality constructed as ‘relatives’ that transcends classes and boundaries, both human and non-human. It goes without saying that such a concept does not exhaust these complex and ever-changing Nayaka perspectives. Nor, undoubtedly, is it unique to them. On the contrary, I would even hypothesise that they clearly show us a motif that can be found in other cultures in diverse ways, to diverse extents and in diverse articulations with other motifs, all to be ethnographically explored in each particular case.

Conclusion. Batha, intercorporeality and transcorporeality

Non-Cartesian conceptions of selves, bodies and body-images, while they may share common differences from Cartesian ones, are not necessarily all alike. Relational conceptions can take different patterns, forms and shapes. In this paper I have explored an indigenous imagery of illness and misfortunes which, I argue, expresses a rendition of intercorporeality different from the western-coloured one discussed by Weiss (1999), and later by Waldby (2002). Weiss emphasises (among other things) the embodiment of exterior relations and classes in each individual’s body and body-images. Waldby suggests seeing the biomedical transplantation of exterior organs as a ‘profound kind’ of intercorporeality. Compared with this view, I have described a relational conception that does not see the individual as plural, but rather as joined inseparably to fellow beings. It does not dwell on a single instance – whether a composite ‘individual’, one of a series, or a ‘family’ unit – but turns attention altogether away from the separate self, or even the family, to an open-ended web of local connections and mutualities. The logic of *batha*, I maintain, does not stop at understanding one thing in relation to a given other, within casual interconnections. It not only shifts attention away from the self to inter-selves, from corporeality to intercorporeality; it also heightens our awareness of the encompassing whole in which everything plays its part. In that sense, it expresses a kind of intercorporeality that is almost tantamount to transcorporeality.

Nurit Bird-David
Department of Sociology and Anthropology
University of Haifa
Haifa 31905, Israel
n.bird@soc.haifa.ac.il

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