

DIVINATORY FUNCTIONARIES AND EXPANSION OF HEALING SYSTEMS AMONG THE SOUTH INDIAN FISHING COMMUNITY

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Abstract: The paper explores how and why the divinatory functionaries among the Jalari community continue to be significant players in matters relating to health and illness. The import of personalistic etiologies and consequently the role of the divination by the dasudu, pati and kaniki is highlighted. The focus of the paper is also on how the dasudu see their role in contemporary times since the fallout in the configuration of social relationships in their community is the most valued explanation for illness today. Interestingly, the dasudu do relate the consequences of healing rituals on account of human agents and relate the same to the opportunity for greater frequency of illness caused by supernatural agents. The paper thus critically examines the changing nature of the problems referred to dasudu and discusses the dynamics of the illness explanations of the Jalari.

Keywords: Divination, Emotion, Jalari, Healing, Illness Etiologies.

INTRODUCTION

Medical systems of non-western societies have attracted the attention of scholars for decades. Such studies have focused mainly on aspects of disease etiologies, diagnosis, and cure, as well as health care institutions. The dual categories of personalistic and naturalistic medical systems were suggested in the context of non-western societies taking into account the illness etiologies (Foster, 1976). Researchers observed the abundance of personalistic etiologies in societies that are devoid of strong centralized political organizations and those which depend on principles of reciprocity for services and for circulation of goods. Personalistic etiologies in terms of the effects of ghosts, spirits, and devils or in terms of divine punishments thus become common in societies that value generosity, fulfilment of social obligations, social and economic equality, and that depend upon morality for the maintenance of social order (Foster, 1976).

Study of conceptions of illness, their diagnosis and curing practices among the non-tribal communities inhabiting rural or urban areas in India is rarely attempted. But as Headley's (2007) study among Pramalai Kallar in Tamilnadu shows the etiologies of illness in caste communities are not very different from the etiologies of tribal communities. Further, it is noted that within the Pramalai Kallar culture, an identical affliction may be attributed to a purely material cause or may include a complex socio-cosmic genealogy. Given this, determining the exact nature of the cause for purposes of healing in these communities is important, along with

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choosing an appropriate healing procedure. It is this feature that makes the medical system complex and carves out a very important role for local healers.

Healing as well as healing systems were prioritized in the study of health and illness of non-tribal communities in India in contrast to the focus on indigenous knowledge for treatment of illnesses in tribal communities using plant and animal products. Further, much of such research is focused on healing in institutional settings like temples, mosques and churches (Halliburton, 2003; Bellamy, 2011; Ranganathan, 2015). The specific social enquiry varied greatly and covered one or more of the following issues too: description of ritual process and healer's techniques/approach (Bharathi, 1993; Sax, 2004) efficacy and the factors that contribute to it (Obeyesekere, 1977; Kleinman and Sung, 1979; Kakar, 1982); experiences of healing by the ill person or their family members (Csordas, 1983; Vitebsky, 1993); Patient expectations of healing (Halliburton, 2003; Ranganathan, 2015); the implication of aesthetics of ritual performance (Halliburton, 2003; Sax, 2004) and healing and spirit possession transformation (Chapin, 2008; Lee and Kirmayer, 2019). Healing rituals were discussed from the perspectives of performance, psychology, process, efficacy, the symbolic and the political-economic relations. Further, studies referred above also brought out conceptual clarification in regard to tangible and less tangible aspects of healing, static/fixed and organically constructed ideas about healing; participatory and non-participatory healing rituals.

Magico-religious healing is concerned primarily with healing efficacy, the prevalence of folk illness, the distribution of knowledge of illness attributes, the negotiation and instantiation of illness identities, the power of discourse to produce as well as cure affliction, and meta-medical discourse as moral commentary. It also examines the complicated linkages between medico-religious institutions, models of self, power and the state, and the relationships between ethnomedical research and anthropological studies of the body, gender relations, self, and others (Nichter, 1992). Michel Perrin (1998) pointed out that the therapeutic dimension of shamanism provides an opportunity to focus on the relationship between body and disease. The performance of healing by the shamans takes into account the affected member's social or personal experience of illness and its meaning and hence helps the researcher to better understand the healing practices in a particular cultural setting (Kleinman, 1978).

The import of personalistic etiologies and consequently, the role of magico-religious specialists in fishing communities is understudied in the Indian context. The occupational risks faced by the marine fishermen, in combination with the need for reciprocal relations for activities relating to fishing and the constant fluctuations in the fish yield and earnings, increase the scope for personalistic etiologies among fishermen. Further, the present research demonstrates that emotional disturbances are common, especially for fisherwomen, on account of the fact that they spend relatively little time with the male members in the family, the burden of economic

and social roles taken over by the women, and the domestic violence faced by women largely due to the addiction of male members to alcohol. It is in this context that the present paper attempts to outline the role of the *dasudu* – the shaman among the Jalari.

THE STUDY SETTING

The Jalari are a Telugu speaking fishing community living in the northern coastal area of Andhra Pradesh state, India. This community has been extensively studied by Rao (1982, 1990), Suryanarayana (1977) and Nuckolls (1991, 1992, 1993, 1996) with regard to the social organization and religion. Nuckolls provides some account of different categories of spirit mediums among the Jalari as well as an analysis of the instrumental role played by the *dasudu* during the healing rituals conducted by the *pati* and *kaniki* (Nuckolls 1991, 1996). The fieldwork was carried out among the Jalari community of Peda Jalaripeta in Visakhapatnam District of Andhra Pradesh.

JALARI ETIOLOGY OF ILLNESSES

The Jalari believe in the seven powerful supernatural beings known as the seven sisters (the local names with which these seven sisters are called among the Jalari community are *paradesamma*, *peddamoru*, *durgamma*, *nestamma*, *kottamoru*, *bhulokamma* and *nukamma*) and showing disrespect to these beings, forgetting to fulfill promises made to them, failure to offer prescribed periodic prayers, or quarreling with caretakers of shrines of these beings is believed to cause illness or befall some other misfortune. Additionally, members sharing the same *inti peru* (surname) will have one common *inti ammorulu* (family goddess). These *inti ammorulu* are housed in the *pedda illu*¹, i.e., in the house which is occupied by the head of that surname group. *Inti ammorulu*, when not satisfied with the conduct of members of their group, may cause illness to them. However, the Jalari do believe that they also cause illness to members of other surname members sometimes, for the same reasons for which the seven sisters cause illness. The illnesses caused by the goddess of one's own surname and goddesses of others' surnames are distinguished by referring to the attacks² of *inti ammorulu* attack and *pi ammorulu*, respectively (Nuckolls, 1996). The maintenance of ritual purity of the *pedda illu* where these goddesses are housed is the responsibility of the senior couple living in that house. Since they are the ones who take care of the goddess housed in *pedda illu*, the misbehaviour³ of them with others will also result in illness.

The Jalari also believe that household goddess gives some powers to care takers of the *pedda illu* in recognition of their services. By virtue of such power, they can also cause some misfortune at household level. This power is automatically triggered when they are dissatisfied with the behaviour of any member of their community. The belief that some members possess powers of *cillangi* (specialists of black magic) is also commonly held. This art is generally acquired through apprenticeship and

the magician will also have clientele when he becomes a specialist. These beliefs explain the role of human agents in the occurrence of illness among the Jalari. The Jalari also describes a variety of non-human agents emerging from living creatures, especially humans who prematurely die.⁴ These non-human agencies are described as *deyyam* (devil)/*butam* (demon)⁵. These may cause illness on their own for no reason and for no wrong deed committed by a Jalari. These illnesses are just said to be due to the presence of someone in the wrong place at a wrong time. Though the personalistic etiologies dominate the Jalari illness explanations, the justification of illness in terms of natural causes is also common. These natural causes advanced by the Jalari very much fit into the scheme of Murdock (1980) in terms of infection, stress, organic deterioration, accident, and overt human aggression.

THE RELIGIOUS SPECIALISTS CONSULTED DURING ILLNESS

*Dasulu*⁶, the religious specialists among the Jalari, are not engaged in their religious functions on a full-time basis, nor is that profession a livelihood for them. The status of *dasudu* is both achieved and ascribed status⁷. However, within the community, the general notion is that while those who inherit the position are more service-oriented and are more efficient than those who become *dasudu* by apprenticeship and that their orientation is more commercial. The former position is by divine order and it is linked to the reputation of the family which has served the community for generations on divine calling. Further, there are no female *dasulu*. The occupation of this status by only males reflects the gender disparity among the Jalari.

Dasudu may follow the means of *nadi cududam* (seeing pulse), or *cupi rayi* (seeing stone) or both, for initial diagnosis of an illness (Nuckolls, 1996). In the case of *nadi cudadam*, the *dasudu* feels the pulse of the left hand of the patient/client for few minutes to establish which spirit/ghost/supernatural being⁸ is instrumental for the illness to his patient/client. As he undertakes this activity, the *dasudu* invokes first his *ila velpulu* (household goddess) and then appeals to the family goddess of the patient to provide powers to him to find out who is responsible for the illness (if the illness is due to a supernatural being or non-human agent or human agent). If the hand of the client shivers when the *dasudu* tests the pulse, usually the illness is attributed to the act of a *butam* (demon); if the arterial pulse is felt to be like the rhythm of a clock, the illness is attributed to accidental stepping of the client on the materials used in the rituals conducted in the service of local gods and goddesses⁹.

The institution of *cheya dasulu* (referring to their method of diagnosis of illness) and the practice of divination through checking of the pulse rate is not a new divinatory practice among the Jalari, though it appears that *dasulu* who have skills of diagnosis by way of pulse rate are preferred. *Dasulu* who depend on checking of pulse rate do require some skill in identifying the pulse and measure of speed of the beat as they have to exactly figure out whether the pulse rate is slow, medium or fast. These different levels of pulse rate are associated with different spirits. So,

this initial screening is necessary for the subsequent speculation¹⁰ that the *dasulu* make and names one specific agent through a process of elimination.

Sometimes, when the *dasudu* fails to get a clear message from the goddesses, the illness is believed to have caused not by an attack of a supernatural being. It is then considered to be a *daktar jabbu* (doctor illness) (Nuckolls, 1996), and hence the sick person is advised to consult a bio-medical practitioner¹¹. In rare occasions, the *dasudu* may also suspect it to be *cillangi*. However, he has no means of diagnosing such cases. He would then refer the patient to specialists in the community who can diagnose the *cillangi*¹² effect.

Pati is a divinatory practitioner who can diagnose the cause of any misfortune including illnesses. The specialists who carry out divinatory practice for countering the misfortune caused by the different agents are also known as *pati*. This institution exists both in Jalari and non-Jalari communities adjacent to Jalari settlements. Therefore the Jalari may approach *pati* of their own caste or *pati* of some other caste. Interestingly, there is no hierarchy observed among the *pati* and *kaniki* based on their respective caste status. *Pati* conduct healing rites or pacification rites designed to appease gods and goddesses in order to overcome the misfortunes in presence of *dasudu* and clients. In fact, when the Jalari approach a *pati* for reconfirmation after an initial diagnosis of the cause of illness or misfortune by a *dasudu*, the same *dasudu* accompanies them to the *pati*.

Pati first worships their personal *ila velpulu* and then the *ila velpulu* of the affected family to provide the necessary divine power, much like the *dasudu*. The *pati* then goes into a trance by the goddess with whom she is associated. It is during this trance that she reveals the cause of misfortune. The members of the affected family, along with the *dasudu* who accompanies them, ask the *pati* during her trance why the particular god or goddess is angry and what is expected from him or her now? When an answer is obtained, they shall organize suitable rituals and fulfil the promises made to god or goddess¹³. Following this, the *pati* comes out of her trance state and returns to her/his normal self. Then, the process of *mudupu* is undertaken. *Kaniki*, like *pati*, is a divinatory practice for ascertaining the cause of misfortune.

As with the *pati*, the *kaniki* first offers prayers to her *ila velpulu* and then to the *ila velpulu* of the affected family. In this divinatory practice, the *dasudu* who accompanies the affected family also takes part. In fact, he asks the goddess as the *kaniki* performs the ritual. *Dasudu/pati* drops individual rice grains, one after the other, into a small vessel filled with water in the name of the supernatural beings and non-human agents in whom the Jalari believe. If the rice grain in whose name it is dropped into the vessel floats, then that specific being is not held to be responsible for the illness or misfortune. On the other hand, if the grains in whose name it is dropped sink, that particular being is held responsible for the misfortune.

The pathways for confirmation of diagnosis

Till a few years ago, the Jalaris approached these specialists first to rule out

supernatural or human causation for an illness. Interestingly, many times, Jalari who are ill approach a *dasudu* for confirmation of a self-diagnosis based on dreams and/or specific symptoms. Thus, the Jalari have some understanding of which supernatural agent is unhappy and therefore responsible for a specific illness. They get this indication on the basis of the animals or birds or dead kin members that the ill person encounters in his/her dreams. For example, the appearance of the dog in the dream is understood as sati polamma is angry for some reason. Similarly, the appearance of a dead grandmother in the dream connotes that goddess pydi talli is angry. Similarly, certain symptoms also convey to them which supernatural being is unhappy. The family members or members of the therapy management group do discuss these dreams or symptoms being experienced by a sick person and come to conclusions with regard to which specific *dasudu* will be more effective in dealing with the supernatural being whom they suspect to be involved in the sickness. It is felt that this understanding of dreams or symptoms is necessary, as it will help them to diagnose the disease early without any need of consulting more than one *dasudu* for confirmation of diagnosis. Thus, they think that it will not only help to arrest the progression of disease but will also help to save money.

Seeking treatment for several illnesses begins only after contacting a *dasudu* and in fact on their advice only they proceed further to deal with the sickness. However, many times consultation with more than one *dasudu*, is preferred for proper diagnosis, particularly if they have no indication through dreams. Approaching a bio-medical provider, either a semi-qualified or a qualified one, depends on the diagnosis and advice of the *dasudu*. If the diagnosis is *daktar jabbu*, inevitably a bio-medical provider is contacted. In case the diagnosis is related to supernatural causation or human causation, the necessary rituals are first arranged. These curatory rituals are taken care of mostly by the *dasulu*, *pati* or *kaniki* whose diagnosis has been accepted to the patient's family members. On some occasions the local *dasulu* may arrange for curatory ritual following the advise of *pati* or *kaniki*. The ritual specialists, both Jalari and non-jalari do not insist on any fixed payments. *Dasulu* in most cases are paid Rs. 100 for one illness episode. The costs of materials required for the curatory rituals by *pati* and *kaniki* make the consultations with them little expensive.

In recent times there is a change, the educated Jalaris are first approaching a bio-medical practitioner, locally called Registered Medical Practitioner¹⁴ (RMP), owing to the suspicion of the role of natural agents in the illness. Only when there is no relief from sickness even after the treatment received for a reasonable period do they consult the *dasudu*. Thus a reverse trend in illness behaviour appears to be gaining momentum among the Jalari. Similarly, consultation with a bio-medical practitioner when the rituals conducted by *dasudu* do not give any relief is not rare these days. When the illness does not subside even after treatment by a bio-medical practitioner, they come back to a more powerful magico-religious healer, and in

such cases consultation with a *buta vaidyudu*¹⁵ of non-Jalari communities is seen as a last resort.

CONSULTATION WITH NON-JALARI SPECIALISTS

As mentioned previously, *pati and kaniki* are available among different castes like Reddy (agriculture), Vadabalija (fishermen caste), Telaga (oil extractors) and Cakali (washermen caste). The consultation of a non-Jalari *pati* or *kaniki* is based mostly on the referral of the local *dasudu*. However, sometimes when the local *dasudu* refers a sick person to a local Jalari *pati* or *kaniki*, the family members who are managing that person's therapy refuse such referral. They insist on non-Jalari *pati* or *kaniki* outside their village. This decision in some cases is due to the distrust in the locally available *pati* or *kaniki*, and in some other cases it is for the conviction that a particular non-Jalari *pati* or *kaniki* is more efficient and so his/her diagnosis helps in early recovery. The distrust of a locally available *pati* or *kaniki* is because he/she knows their family intimately and so might mislead them. It also means that they suspect the subjectivity of *pati/kaniki* in view of his/her relationship with them. Sometimes they also fear the influence of local *dasudu* on the locally available *pati* or *kaniki*. The non-Jalari *pati* or *kaniki* living in other villages, on the other hand, are assumed to be more objective and professional in giving their advice. Sometimes the goddess who is associated with a non-Jalari *pati* or *kaniki* is also assumed to be more powerful than the ones associated with local *dasudu* and hence the preference to consult them first. These cases lead us to infer that the *dasudu* is an important mediator or facilitator in the therapeutic process among the Jalari. His role is indispensable in many cases. The relationships between the community members and the *dasudu* is cordial. But the decisions of the members of the sick person's family are final so far as choice of a *pati* or *kaniki* is concerned and they can overrule the suggestion of the *dasudu*. In case of such conflicts, the *dasudu* is supposed to compromise with the members of the sick person and cooperate with them. This compromising character of the *dasudu* and the act of compromise itself constitute important elements of the therapeutic process among the Jalari in many instances.

It is also believed that the chances of someone stepping on the ritual materials used by *dasudu* which are thrown away at the outskirts of the village or on the seashore has also increased. This again contributed to the increased incidence of illness due to supernatural beings and the role of *dasudu* in the Jalari community. This explanation of illness among the Jalari thus satisfactorily clarifies the accident of illness, which contrasts with their notion of a deserving illness. This also takes into account the mystical cause that Murdock (1980) mentions in his scheme of disease classification.

RESTRUCTURING OF ILLNESS EXPLANATIONS AND EXPANSION OF HEALING SYSTEMS

The increased economic burden due to poor fish yield is a great concern for the

Jalari. The decreased economic status has role in assessment of health and social consequences for Jalari men and women. The women see the consequences of domestic violence and poor functioning of the family as a unit of social life. The poor fish yield, though is attributed to environmental changes and unsustainable fishing practices, they also simultaneously resort to a self-blame for this situation. The disappointment of the Jalari men and women in regard to weekend interpersonal relationships within their community is very visible in their conversations relating to many subjects. Their miseries are assumed to be rooted in their failure to maintain the quality of their social life. The Jalari healers try to address to this concern of their community members. Since the rebuilding of relationships takes priority, the emotional agency i.e. *aramanasu*¹⁶ assumed greater significance in the social construction of illness among the Jalari currently than before. These social dynamics has many consequences in the healing systems that prevail in the Jalari community today. The institutions of *pati* and *kaniki* are part of the Jalari healing system. However, the trust placed on the local *pati* and *kaniki* for various reasons dwindled. At the same time the popularity of the non-local *pati* and *kaniki* from other than their community provided an opportunity to them for expanding their healing system. However, interestingly, the mediating role of the *dasulu* of their community in their consultation with non-local *pati* and *kaniki* is maintained for appropriate rationalization of the divination and provision of illness explanations within the framework of Jalari cosmology and pantheon of gods and goddesses. The Jalari believe that the *dasulu* are powerful and certainly they possess *aramanasu*. So in their dealings with their clients, they should never be unhappy nor should they give an impression of being unhappy. They have to render services without any suspicion to their clients that they are unhappy on any account, including in regard to the payments made to them for their services. The divinatory functionaries have a greater sense of responsibility and show readiness to fulfil their role in the expanded healing systems of the Jalari.

CONCLUSION

The divinatory functionaries have significant role in reconfiguration of social relationships among the Jalari community. The significant role in this regard is, however, an increasing attribution of misfortune to *aramanasu*. The notion of *aramanasu* has more to do with social relationships. The concern for the failure of admired values and morals of Jalari members is reflected in the current trends of illness diagnosis and treatment. Thus, today the magico-religious specialists of the Jalari seem to think that it is they who should assume the responsibility for the maintenance of the social and moral order of the Jalari community. Confession of wrongdoing and re-establishment of relationships are emerging as the primary goals in the healing of illness. It is in this context that the institutions of *dasudu*, *pati* and *kaniki* have assumed greater significance today in Jalari society to resolve the family and kin obligations through the divination.

Notes

- 1 A common worshipping place for families with a common *inti peru* (family name).
- 2 The term used locally for attack is '*kottindi*' which means beaten or stricken.
- 3 The verbal arguments over moral codes, disagreement of collective decision making and disrespect towards elders are generally considered as the misbehaviour.
- 4 The expression of premature death is more generally referring to the persons who die at a young age, especially due to accidents or who commit suicides.
- 5 When human beings die prematurely due to the action of black magic, they become *butam*; when they die in accidents or commit suicide, they become *deyyam*.
- 6 *Dasudu* is singular; *dasulu* is plural.
- 7 The position of *dasudu* is achieved by some through apprenticeship. Under this, there are two categories. In one variety, any member of the Jalari community after a divine call in his dream may approach a practicing *dasudu* for teaching the skills and knowledge required for taking up the role of *dasudu*. This claim of divine call is first verified through rituals of *pati* and *kaniki*. Once this is confirmed the practicing *dasudu* feels obliged to grant apprenticeship for establishing him as *dasudu*. In the second form, any member directly deals with a *dasudu* out of his interest for learning the required healing practices and in such case both of them may have some informal agreement.
- 8 Jalari *dasudu* most frequently uses the term '*ammoru*' to illness causing agent. In that sense the agent is a supernatural being whom they worship. However, in the list provided by the *dasudu* in regard to illness causing agents (who they can identify), there are '*deyyalu*' (ghosts), '*butalu*' (demons) and *yelam* (who died accidentally in the sea during their travel on big vessels or ships and become spirits).
- 9 The *dasudu* actually conducts the rites after confirmation of diagnosis by the '*pati*' and /or '*kaniki*' for appeasing the gods or goddesses and to help the patient recovering from the illness. As part of these rites, fruits, and other cooked offerings are offered to the supernatural beings, as well as vermilion, turmeric powder, and flowers. These materials are thrown away after the rite at the outskirts of the village or on the sea shore. Stepping over these materials by any one is believed to result in illness to him/her.
- 10 *Dasudu* however claims that the goddess with whom he is in communication during the process of diagnosis will in fact tell him who the causative agent is as he questions taking the specific names of different goddesses.
- 11 Generally, these are the semi qualified practioners who can be easily accessed

- by the members of the community.
- 12 These are also generically referred to as *buta vaidyulu*, though the term *butam* refers to a non-human agent.
 - 13 When the Jalari approach a non-Jalari *pati* or *kaniki*, the mention of Hindu gods and goddesses as causing agents is common. Some non-Jalari and *kaniki* mention the names of the specific local gods and goddesses of the Jalaris in view of their close contacts with the Jalaris.
 - 14 Since the system of registration is withdrawn and the practice of these members is considered as illegal, the practitioners themselves claim that they are "Rural Medical Practitioners" and that they provide only 'First Aid Services'
 - 15 *Buta vaidyudu* are primarily considered as specialist for effects of *cillangi*. They are also the ultimate choice in case the illness is attributed to ghosts and demons.
 - 16 According Nuckolls (1993) *aramanasu* refers that to feel insulted (lit. to feel half a mind). It also refers to 'an agency of coordination between inside and outside'

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