

**“There Are Only Two Castes: Men and Women”:
Negotiating Gender as a Female Healer
in South Asian Islam**

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From a distance, a green flag flying above the rooftops of a residential neighborhood on a major university campus in the south Indian city of Hyderabad signals the site of Islamic ritual activity.¹ Below the flag is an open courtyard whose walls are decorated with murals of a roaring tiger, a winged horse with the head of a woman (the *burāq* that carried the Prophet on his night-journey ascent to heaven), and a second horse carrying an open hand (symbolic of the Prophet’s family)—all images common to popular Islam in South Asia. Small groups of women (many of whom wear a black *burqā*, the veil worn by Muslim women in South Asia), children, and a few men are seated in the courtyard; others are crowded around a doorway, pressing to get in, leaning over each other to hear the voice inside.

The voice is that of Amma, a sixty-year-old female Muslim healer. Her voice is frequently loud and authoritative as she declares that a child’s fever *will* dissipate, a husband *will* return home, or an antagonist’s voice *will* be silenced. Other times it is almost inaudible as she recites Qur’anic

¹ The research upon which this paper is based was initiated in January 1989, when I conducted a three-week workshop with Margaret Mills on “Women and Folklore Fieldwork” in Hyderabad, Andhra Pradesh, sponsored by the Ford Foundation. The workshop participants were all women and all Hindu. We chose to conduct fieldwork in the Muslim community in order to give the Hindu participants experience in working outside of their own religious and linguistic communities. As we were looking for Muslim women with whom to work, the green flag above Amma’s courtyard quite literally called us to her.

I returned to Hyderabad to work intensively with Amma for seven weeks from December 1990 through January 1991 and again for nine months in 1994-95. I gratefully acknowledge the support given for this research by the American Institute of Indian Studies and the Fulbright Scholars Award Program, respectively.

verses; it is completely silent as she blows prayers (*duā*) on a patient. Amma meets patients in her healing room six days a week, eight to ten hours a day. She says her calling is to “serve the ‘public’² during the day and to serve Allah at night.” Her commanding presence and articulate voice break commonly held stereotypes of the Muslim woman in Indian society—the veiled woman in *purdah* (seclusion), the woman without a public voice, the woman without authority.



Amma blowing *duā* (prayer) on a patient at the end of the consultation.

In this essay, I examine how Amma perceives and negotiates this seemingly unorthodox position for “woman” in a pluralistic Muslim/Hindu society in which the public domain continues to be dominated by the male voice. Does she draw gender boundaries for the Muslim woman to include a woman such as herself, or does she see herself as unique, operating

² Words in single quotations indicate that the English word has been used by the speaker in an otherwise Urdu or Telugu conversation or narrative. Amma speaks Urdu to her Muslim patients and Telugu to her Hindu patients. She and I communicate in Urdu.

outside the female domain? I have listened carefully to Amma's healing rhetoric, personal narrative performances, and conversations for indications that she embraced and gave expression to an alternative model for the construction of female potentiality, a model her own position of authority would strengthen. I found myself hoping that she would view her position as one fulfilling the potential of her gender, not as an exception to it. Yet what I heard Amma most clearly articulate was a strong assertion of gender boundaries, and at the same time that her unique healing role is positioned outside the boundaries of her own gender.

In *Writing a Woman's Life* (1988), Carolyn Heilbrun writes of the difficulty women in the West have historically experienced in writing authentically about their own or other women's lives since, until quite recently, the models for literary biographies or autobiographies had been male. She cites Peter Ackroyd's biography of T. S. Eliot, where he recounts the difficulty Eliot experienced with his experimentation in *Samson Agonistes*. Ackroyd writes that there was "no literary context for such writing from which to draw energy or inspiration He always needed [such a] safety net, as it were, before he indulged in his own acrobatics" (1984:147). Heilbrun asserts, "It is precisely such a safety net that is absent from women's lives, let alone their writings. How are they to imagine forms and language they have never heard? How are they to live to write, and to write that other women may live?" (1988:39)

Amma's life narratives and informal conversations suggest that she too lacks such a "safety net," a previously articulated "story" or model for female action in the public domain upon which she can base, or to which she can connect, her own innovative story and practice. Amma either did not or could not tell me of other *pirānimā* (women married to Sufi religious teachers) who had become healers like herself. Female figures of authority acting in the public domain are absent from both her life narratives and tales used in religious teaching. In her own family, three brothers had become religious teachers (*murśid*), but none of her aunts or sisters were *pirānimā*. Two of her brothers-in-law are also *murśid*; her gurus were both male.

Although on many levels Amma readily identifies with her gender, she views her own actions as a healer to be outside the bounds and possibilities of her gender. On the other hand, when I asked Amma's neighbors and patients whether other women could do what she was doing, the answer was almost always a variant of, "Any woman can do this, provided she can read Arabic"—a striking difference to Amma's own perception. I suggest that such a vision of potentiality is possible because Amma's own life and action as a healer are themselves articulating a new

possibility or model. Although this story may not be directly available to most of Amma's patients, it expands their existing repertoire of *possible* female stories. This essay examines the construction of this story, and how Amma has achieved, maintained, and continues to negotiate her position of public authority.

Gender as Indigenous Category

In a healing context in which both Hindu and Muslim, male and female, patients and disciples participate, representing a wide spectrum of economic, educational, and social classes, gender distinction and identity are frequently voiced as a unifying category. I first met Amma when I entered her neighborhood accompanied by two Hindu female university students, and we rather unexpectedly "happened upon" her busy courtyard. Perhaps sensing our initial hesitation as to whether or not we were welcome, Amma emphasized our commonality as women, asserting, "There are only two castes [*jati*]: men and women. Hinduism, Islam, Christianity, they're all one. The only real differences are men and women. Don't all mothers cry when their sons are killed?"

I heard this assertion by Muslim women in several other contexts. In January of 1991, during a discussion among several of Amma's Muslim and Hindu female patients about the looming Gulf War, a female patient repeated the formulaic phrasing, made particularly poignant after the recent weeks of city curfew imposed after a period of communal unrest in Hyderabad itself: "All of us are mothers trying to feed our children; there are only two castes: men and women." Another woman assured my Hindu female fieldwork associate, "We say 'Rahim' [Merciful One, name for Allah]; you say 'Ram, Ram' [name of a Hindu deity]. There are no differences, just men and women."³

In the setting of Amma's healing room, gender often undercuts or crosscuts the rhetorically solidified differentiation of class and religion

³ This particular articulation of the equivalence of "Rahim" and "Ram," and thus the common path to God shared by Hindus and Muslims, is frequently heard in Indian contexts, but, in my experience, is voiced more commonly by Hindus than by Muslims. Indigenous local understandings of religious boundaries and identities are explored in the larger work I am writing on Amma and her practice.

articulated in political and media contexts.⁴ It has been observed that one of the impacts of purdah has been the reduced access to women that it has imposed on other women (Lateef 1990:135). Amma's healing room suggests women in purdah find "legitimate" ways to circumvent their isolation. A visit to Amma often necessitates an outing for an entire morning or afternoon. Women come to her from all over the city and exchange news and personal narratives.

Amma characterizes the "caste of women" of which she is a part and whose members meet in her room as one that experiences continual suffering and trouble. The personal narratives told by female patients sitting around Amma's healing table are mostly stories of pain, suffering, and general "trouble"—and Amma identifies with the pain as her own. In a conversation with Muslim agemates, outside of the healing context over which Amma exerts seemingly total control, Amma told about her own daughter's unhappy marriage. One of the women listening expressed her surprise that Amma, as a *pirānimā*, would face the same problems they did. Amma responded by bemoaning the lack of control and power that women, including herself, have over dowry, husbands, and marriages, concluding that, "The life of a woman is useless (*bekār*)."

In a moment of reflection on a Friday afternoon, her day "off," Amma told me that when she was a girl, she had always wondered how women sustained such severe hardships, what it would be like to lose a parent, child, or husband. "But now," she continued, "I know. All these troubles have visited me. I've been a strong woman, but my life has been one of trouble." She then enumerated all her sons, one by one, and the disappointment they have been to her in one way or another and how she has been forced to support *them* economically rather than herself depending on their support (as the ideal South Asian extended-family model would have it). She ended her narrative with a sigh, "And so, Jo-ice, that's my life. It would make a good movie, wouldn't it?"

Soon after I first met Amma, still hoping she would see herself as a model for female action and authority, I asked her if she was teaching her healing skill and knowledge to her daughters or daughter-in-law, as she was two of her sons. In a tone of voice suggesting surprise that I would even

⁴ Shahida Lateef observes that "the status and role of Muslim women in India before Independence could not be significantly differentiated from the status and role of women in other communities [based on her research]; the difference was one of region, class, and caste, more than of religion" (1990:75). See Smith-Rosenberg 1986 for a discussion of ways in which gender undercuts the solidity of class identity in the nineteenth-century American middle class.

consider such a thing, she answered, “No, they don’t have the heart (*dil*) for it. If a possessed patient came in front of my daughter-in-law, she would faint from fear. She has no strength/courage (*himmat*).”⁵

Juxtaposing statements such as these and her own personal narratives of suffering against Amma’s public life of action, authority, and economic independence suggests that she and other women in her community must continually negotiate the contradictions they experience between the explicit cultural models they are given to live by, the stories they hear and see enacted, and the lives they lead. Amma straddles what she perceives to be the boundaries constructed for her gender: she experiences and identifies with the troubles (*pareśānī*) of “woman,” but at the same time has developed a power and authority to heal that are traditionally positioned beyond the options available to her gender.

The Healing Setting

Amma is most often dressed in a simple nylon sari and long-sleeved white, loose blouse. She puts on a pair of horn-rimmed glasses whenever she writes, a continual activity upon which both her healing diagnoses and prescriptions are based. Her rounded face carries a jovial expression; her laugh is frequent and vigorous. At least once an hour, Amma stops all healing activity, relaxes, and pulls out a motley assortment of small tin boxes, whose contents she uses to make herself *pān* (betel leaf), to which she admits an addiction.⁶ Amma’s graying hair is covered by the end of her sari only when she is praying over a patient; her *burqā* hangs in another room and is worn only when she leaves the neighborhood. Amma’s presence and practice without the *burqā* suggest that the healing room is conceptualized as an extension, on some level, of female or (perhaps more

⁵ When I asked this same daughter-in-law about her interest in learning the skills of Amma’s healing practice, she told me that perhaps one day she would, but that now her youth and preoccupation with her four children prevented her from doing so: “I’m too young to have the authority. No one would listen to me.”

⁶ Her *pān*-chewing addiction is a source of seemingly jovial contention between her husband and herself. He insists that she chews too much and spends too much money on the habit, up to 400 rupees per month. Her answer to this accusation was, “Allah provides,” to which he retorted, “If He provides, why do you ask me for money?” Abba frequently reprimanded her for taking time out to make *pān* when the room was filled with waiting patients.

accurately) familial/domestic space, even though she treats non-familial men, both Muslim and Hindu.

The room in which Amma sits is small and crowded with patients. When the number of patients grows beyond five or six, they are given small squares of cardboard upon which are written numbers to indicate their positions in the queue. Amma sits on a large chair behind a folding table, around which are set up five folding chairs occupied by the patients whose turns are upcoming. The table is covered with slips of paper filled with Arabic writing, held down by glass paper weights: a pile of slips for general *tāvīz* (amulets), one for fever *tāvīz*, one for morning *falītā* (slips rolled up to use as wicks, soaked in oil and burned), and one for evening *falītā*. Her voice often competes with that of a screeching parrot sitting in a cage hanging above the courtyard or with the whirring of two electric floor fans.



Amma writing on a *capātī* that the patient will feed to a dog. In the same way a dog is faithful to whomever feeds it, the patient's errant husband will be faithful to her.

One-third of the healing room is taken up by a small "provisions" store. The storekeeper is Amma's husband, called "Abba," a retired university office assistant.⁷ Abba is a distinguished seventy-five-year-old,

⁷ Amma and Abba literally mean "mother" and "father," respectively.

with hair down to his shoulders, a long beard, eyes subtly rimmed with kohl, black-framed glasses, wearing a long, loose shirt and long cloth wrapped around his waist (*kurtā* and *luṅṅī*). Seated on the ground, he is barely visible behind the veil of bags of cheap candy, snacks, and biscuits hanging from the ceiling. Soap, matches, incense, and cigarettes line the shelves on the wall behind him. Clay pots, whose lids hold lemons and eggs, and small wooden drawers filled with spices surround him.⁸ Although his physical presence in the healing room is obscured, Abba's voice is commanding and frequently interjects into or supplements Amma's healing rhetoric.

Amma's Qualifications and Techniques as Healer

"*Pirānimā*" is a title of respect given to any woman married to a *murśid*, or Sufi teacher/guide. Amma's access to the healing profession is directly dependent upon her husband's ritual/religious position as a *murśid*, although few *pirānimā* become healers. Amma told me that she would not be able to meet the 'public' in the way in which she does were she not a *pirānimā*. Abba, too, asserted that he had given Amma his permission to heal; if he took that permission away, she would have to stop.

Early in my fieldwork, I asked Amma if the young man sitting across the table from her was her disciple. She seemed hesitant to respond, but finally said, "No, not really." The young man interjected, "No, I am a disciple of both Amma *and* Abba." Amma seemed to have difficulty initially acknowledging to me as an outsider that she had her own disciples, since this is not part of the role of *pirānimā*, but of *murśid*. However, by the end of the months I spent with her, talk of her own disciples came easily; and on one of the last days I spent with Amma in 1991, she asked me if I would like to become her disciple.⁹ This relationship was, however, only informally ritualized by the gifting of prayer beads, as well as rhetorically. Only during a longer fieldwork period three years later did I witness a full ritual of the initiation of Abba's disciples, and I realized why

⁸ Interestingly, two of Abba's daughters substitute for him in the store, while two of his sons are learning Amma's healing skills. The position of gender between the generations is inverted.

⁹ The conceptual and physical space of Amma's disciples in her healing room, whose role it is to sit with their guru and observe and learn from her, also created a culturally acceptable space in Amma's room for a fieldworker, whose role is also to observe and learn.

it was difficult for Amma to answer directly whether or not she had disciples. I gradually learned that most of Abba's "core" disciples have come to him through Amma's healing practice, and thus they often identify themselves informally as "hers."

Most *murśid* are themselves healers or incorporate healing into their teaching lives, using similar healing diagnoses and treatments as those of Amma. Based on my own experience in Hyderabad and the available literature on popular Islam in India, the position of healer in South Asian Islam is traditionally limited to men (see Eaton 1984; Ewing 1984; Jeffrey 1979). However, in this case, Amma's *murśid* husband does not and cannot fill the role of healer/*murśid* because he is not literate in the Arabic script—a primary qualification for a healing practice based on the written word of the Qur'an.¹⁰ He told me he simply had had no interest in learning Arabic when he was young; rather, he said, he had learned 'Roman' while serving in the British Army.¹¹ Amma's knowledge of the script is not unique for Muslim women of her generation; many were given a traditional education at home (a few in secular schools) so that they could read the Qur'an. However, her ability to *write* does set her apart from her age mates. Another female religious specialist whom I met in Hyderabad, whose power is to communicate directly with *jinn*, told me her guru had specifically forbidden her to write amulets, although it was part of his own practice.

Amma's practice is literally and figuratively based on the Qur'an. She asserts that everything she needs for her practice is found in "the Book." Abba calls the Qur'an "powerful magic" (*barā jādū*).¹² There are, however, several other books to which Amma refers for specific treatments and from which she copies sample diagrams for use in amulets. She was hesitant to discuss the use and contents of these books when I periodically raised the subject; there seemed to be a tension between her assertion that

¹⁰ The requirement of this level of literacy stands in stark contrast to that required of the Hindu healers (*baigā*) with whom I have had contact in central India. The authority for their tradition is derived from possession by the goddess and has no orientation towards a written text.

¹¹ Abba is able to recite some Qur'anic passages and is an authority in his own mystical tradition. Literacy is not, however, a requisite in mystical traditions such as the Sufi order to which Abba belongs; spiritual authority lies in following the teachings of one's *murśid*, the immediate mystical experience, and in remembrance of God.

¹² *Jādū* in the Hindu context generally has the negative connotations of black magic; however, used here by Abba, the word connotes "power" in a more generalized sense.

the Qur'an was all one needed and her use of other specialized books. She once showed me two of the printed books (others were notebooks filled with handwritten diagrams) and told me their names: *Bangāl aur Cīn ke Jādū* (*The Magic of Bengal and China*) and *Mohinī Tantra* (*A Collection of Charms/Incantations*). She did not, however, want to reveal the specific contents of these books at that time. She told me, "First practice and fully embrace what I have taught you [primarily the recitation of *zīkr*, or names of god]; then read the books."¹³

Amma and Abba made clear that her healing power and use of the Qur'an are effective only against those illnesses and problems caused by the evil eye (*asrat*) or the devil (*śaitān*), which frequently manifest themselves in the imbalance of the four elements from which the human body is made (earth, water, air, fire) and thus result in illness. Amma identified cancer, typhoid, and polio as examples of illnesses that are beyond her control. Many patients, especially babies and young children with fevers, come or are brought to Amma only after they have already received treatment by a doctor and that treatment has failed; and I heard frequent, bitter complaints about the money wasted on such treatments.¹⁴ In a discussion of the differences between the illnesses that doctors could cure and those that Amma could cure, Abba stated the latter were all "troubles for which doctors' medicines are useless. The medicine for these are this [pointing to Amma's table full of slips of paper]. We could say that they're killed by the letters of Arabi."

The primary method of diagnosis and treatment in Amma's practice is dependent upon a knowledge and active use of the Arabic script. Amma once said, "the whole world is dependent on ink and paper." Letters of and numerical symbols for Qur'anic verses are written on slips of paper that are folded into amulets or rolled and burned as wicks—to provide protection against the evil eye or to carry away its effects. Arabic letters and numbers are written on saucers from which a patient drinks; they are written on unleavened bread (*capātī*) fed to dogs, on gourds that serve as substitutes

¹³ The discussion was occasioned by the arrival by mail of one of the above-mentioned books. It had been ordered by one of Amma's disciples. When I asked if I could see it, he handed me the wrapping paper and said I could jot down the Delhi address and go get one myself. Amma objected strongly, saying that I might be harmed if I read the wrong thing without appropriate training.

¹⁴ Members of Amma's own family frequently went to modern medical practitioners for general flu symptoms that others brought to Amma for treatment, such as fevers, coughs, and colds. Amma's eldest daughter was awaiting heart surgery when I was in Hyderabad in January of 1991; at the age of thirty-five, she succumbed to heart disease.

for the weakened body of a child, and on bits of animal skin burned in the fire.

Amma's standard diagnostic procedure is based upon *abjad kā phāl kholnā*, literally, "opening the mystery of the numbers." She asks for the patient's name and that of his or her mother.¹⁵ She writes out the name of each in the Arabic script. Each letter of the Arabic alphabet has been assigned by the tradition a numerical value; Amma adds up the values for each name and that assigned to the day of that particular lunar month. She then divides the total by three or four (for the three layers of the universe and four directions, respectively) until the remainder is a single digit. The remainder one, two, three, or zero signifies the diagnosis of one of several possible disruptions in the spiritual world of the patient, such as evil eye or interference of *šaitān*.

This part of the healing practice appears to be relatively objective, although it still requires specialized training with a guru. As Amma says, however, "Anyone can read, even a parrot. It's understanding [that's difficult]." What places Amma in a position of authority as healer (versus, for example, her disciples who may be able to make the calculations¹⁶) is the authority with which she names the problem, is able to perceive its "weight,"¹⁷ and pronounces the efficacy of its treatment. Speaking to a woman who had had several miscarriages and two stillbirths, Amma told her that the treatment would of course be expensive, but that it was 'guaranteed.' Amma frequently assures patients, "Once you come to me, it *will* be cured. There is no question of 'failure'."

When I first asked Abba if he also healed, or could heal if he wanted to, he did not give his lack of literacy in the Arabic script as the reason he did not do so. Rather, he responded that he *could* heal, and does heal

¹⁵ The technique is minimally described in Sharif 1921. The author states that the numerical value ascertained by adding the values of the letters in the names is divided by twelve. The resulting number indicates which astrological sign will dominate the life of the patient. Nowhere in his descriptions of what his translator has rendered "magicians" is mention made of female practitioners.

¹⁶ Two of Amma's male disciples frequently assist her in making the initial numerical calculations, but then they hand over to Amma the slips of paper with the calculated totals for her to declare the diagnosis and prescription.

¹⁷ That is, whether it is a particularly heavy evil eye, or a light one.

children; but since most of the patients are women, it is better that Amma, as a woman, touch their heads.¹⁸ He continued:

I can do children. But if you're sitting over there saying, "I have trouble here; I have trouble there," I can't put my hands on you, right? More women come here. They can't tell me things about the night; women can't tell me certain things— "It's like this, my husband's done this; he's done that." Mostly it's women's matters that go on here. There's some benefit in that.

In actuality, at least one-third of Amma's patients are men. Furthermore, Abba is always in the room when female patients are "confiding female problems" to Amma.

Abba continued that Amma was better suited to the position because she was more patient and loving than he:

My rule [*rāj*] is one thing and hers is another. If you come to Hazur [Abba], I get angry and you say, "Don't go to Hazur." If you go to Amma, she speaks with great love. [She says,] "Today your illness will go away" [patients listening laugh and agree]. What did I tell you earlier? Love. Love is the greatest thing. Her love is greater. What do I have? One, two; I do the work and tell them to go. What does she do? [She says], "No, my son, it's like this; it's not like that." They come crying and go away laughing.

In this commentary, Abba identifies two more qualities of a successful healer: love (*muhabbat*) and patience. When I asked a highly educated Hindu engineer why he had brought his wife to Amma rather than to a Hindu healer, after having already gone to a hospital doctor, he responded that he had heard about Amma's great "*muhabbat* and *śakti*" (love and spiritual power). While Abba seemed to feel that these qualities may have been enhanced by Amma's gender, it was clear that not all women had them. He had told me earlier that many women had come to Amma's guru, but that he had not taught them all since many did not have the necessary quality of love. *Murśid* may also lack the quality of love; perhaps more accurately, for persons of their spiritual achievement the word should be "accessibility." *Murśid* or *pir* are often characterized as being either *jamālī* or *jalālī*—cool and passive versus heated and active. Abba

¹⁸ After hearing this, I asked Amma whether her son, who is a *murśid* and actively assists her in her practice, can touch women's heads. She said, "Of course he can; he's a *murśid*." And I did witness him blessing women in this manner.

identifies himself as *jalālī* and, with a twinkle in his eye, often seems to take great delight in filling the expectations of that role. He told me that *jalālī murśid* often do not make good healers because people are afraid of them. Recognizing this, he is willing to “sit in the service” of Amma and fold *tāvīz* and *falītā* for her.

Positions of Authority Negotiated

Abba does not sit in Amma’s service passively, however. The healing room is charged with a low-level, albeit usually good-humored, tension. Abba, too, is a religious authority, whose role as a *murśid* is to teach his disciples. Amma has taken over the part of the role of *murśid* that Abba is unable to fill—the healer. Her position is directly dependent upon his according to the traditional hierarchy of *murśid-pirānimā*. But the fact that he does not have the qualifications to heal puts Amma in a superior position, at least within the setting of the healing room as well as economically. To share authority in this way is an unusual situation for which there exists no traditional “story” that has been told and retold for generations. It is a model under construction, one bound to create tension. The unique nature of the relationship between Abba and Amma—one of dialogue, argument, and mutual respect—plays an important part in that story.

Abba periodically reminded me of the interdependence characteristic of the relationship between himself and Amma. When I once asked if he also had the knowledge to heal, he responded, “If I didn’t learn, how did she learn? After becoming a guru, I gave her my *bhakti* [devotion].” Another time, he asserted, “She sits with great devotion (*barā bhakti*). If I get angry, her *bhakti* decreases.”

One dramatization of the continual negotiation of authority between the two of them took place in a seemingly insignificant incident: my presentation to Amma of two pairs of orange-handled Friskar scissors, one large and one small (she continually uses scissors in her practice, to cut apart *tāvīz* and *falītā*):

Abba: What?! You’re only one woman and you need them both?!

Joyce: If you sat in the big chair, you’d get the big ones.

[Amma and Abba humorously tease back and forth about who will get which pair of scissors, an interchange concluded by Abba’s proclamation.]

Abba: The small ones are for her and the big ones for me; otherwise, there will be a big fight.

Amma: O.K. I'll let him decide. I'll let him decide.

Abba frequently verbalizes a concern over the financial aspect of Amma's practice. He keeps track of the number of patients that are waiting and reprimands Amma for slowing down her pace (by making *pān*, for example) if the crowd is growing too big. One morning, Amma started healing much later than usual because her married daughter had just arrived for a visit, and Amma was talking and drinking tea with her. Patients were lining up, making Abba nervous. He kept calling to Amma, reprimanding her, "How long are you going to keep talking?! Look at everyone waiting." Amma did not verbally respond to him and came in her own time—a pattern repeated in many such similar interactions. She lets him talk, as appropriate to his position, and she decides how she will act. Another wonderful interchange took place late one afternoon, when the line of patients was long. Abba angrily told Amma to hurry up: "Is the only thing you have to do is eat *pān*?" The patient sitting in front of Amma at the time boldly retorted, "She *is* doing something! She's listening to me!" And, in fact, Amma's success is often attributed to what is perceived to be her gendered difference in style, to her qualities of love and patience. Amma's own *murśid* son frequently sits in the healing room with her after his work hours and meets patients along with her. His presence at the table dramatically alters the pace of activity and mood in the room. He is all efficiency, snapping his fingers at patients to hurry up and give their names and mothers' names so he can begin the diagnosis, never giving time for a story.

Amma and Abba's differentiated roles are reflected in their differentiated speech forms. As a *murśid*, someone who "shows the way—how one should live," Abba takes his role as a teacher seriously. As storekeeper, he has time to give frequent philosophical teachings, illustrated with religious and folk tales, to those congregated in the room. A standard opening for the teachings I heard was: "How should we live? First we should do 'research' on ourselves: what should we do?" Many teachings concern the necessity for humans to control their lower nature (*nafs*) and anger; others proclaim the most important thing in life to be love, or honesty, or hard work. As part of his role as teacher, Abba would often take it upon himself to answer the questions I was asking directly to Amma, a role she seemed content to let him assume.

Amma, on the other hand, has little time for speech unrelated to the healing situation at hand, although she does give short teachings periodically and assured me she could perform the tales in Abba's repertoire. Amma's speech genres consist of healing rhetoric such as prayers, Qur'anic recitation, explanations of treatments, and conversational interaction with patients, as well as personal life narratives and "testimonials" to her authority and power (discussed later in the essay).

Other Female Healers and Specialists

Although Amma's life narratives and testimonials stress her unique power, there is little in these performed words to suggest that the rest of the caste of women is *unable* to do these things, except perhaps their lack of courage. Being a woman does not exclude one from possessing the other above-mentioned qualities of a successful healer—literacy, love, and spiritual power. In fact, according to both Abba and most of her patients, her gender actually contributes to Amma's success. Why then are there not more female healers like Amma in the public arena?

Whenever I had an opportunity, I asked both Hindu and Muslim patients and neighbors whether they knew other female healers or *pirānimā* who practiced like Amma. Most answered affirmatively, but, when pressed, could not name or direct me to any others. One of Amma's young male disciples told me that he had gone all around the city to all types of healers (looking for a cure for his chronic weakness) before he found Amma, but that he had not met any other women healers—they were all *murśid*. He offered to direct me to numerous male healers, but knew of no women.

One rather obvious reason for the dearth of women healers (gleaned from conversations with Amma, Abba, and other Muslim women in the neighborhood) is the set of time constraints on a woman's life imposed by childrearing and taking care of the household. If a woman takes up the position of public healer, she will have to have someone else in the house willing to take on these duties. One Muslim agemate in the neighborhood told me that she had once gone with Amma to her guru, but had not stayed long enough to receive the full teaching (which required days, not hours) because she had had to come home and take care of her family and house. When I once asked Abba if his own guru's wife was involved in such a healing practice, he answered, "No, she didn't do the work of our *pirānimā*. She was busy raising children, cooking, and washing clothes. [Amma] switched from the service of children to the service of Allah. She started

doing the work of distancing people's troubles." The roles of homemaker and healer are perceived as mutually exclusive by many in the community.

Amma herself wrestled with the conflicting roles. When I first met her in 1989, she told me that she had begun her healing career as a new mother in her late teens and that she had not taken care of her children: "Allah raised my children." During my recent visit, the story she told had shifted slightly; she had begun healing at age thirty or so, and had given birth to only one of her eleven children after she had started to heal publicly.¹⁹ By that time her oldest daughters were able to help in the house, and she soon had a daughter-in-law. At the same time, Amma also talked about the difficulties a female healer experiences if she is premenopausal. She herself had had to take off seven days every time she had her period. She told me that she had prayed daily to Allah to stop her period; and, finally, when she reached fifty, he had.

I did meet four other Muslim female religious specialists and healers during my most recent fieldwork, two of whom did not begin their practice until they had become widows at age fifty and sixty, respectively. The third was slightly younger than Amma and also a *pirānimā*; the fourth had begun her practice before she got married, a practice built around the prescription of herbs rather than the written word. All four women address problems similar to those brought to Amma: marriage proposals or lack thereof, infertility, misbehaving children, errant or abusive husbands, and general "trouble" in the house. The first three women differ, however, from Amma in two primary ways: they do not accept direct (or fixed) payment for their services, and they operate within a female sphere, treating only female patients/clients. The scope of Amma's practice also encompasses a wider spectrum of ailments than do those of the other healers—from fevers to spirit possession. I met the fourth specialist only two days before I left India in the summer of 1995 and therefore have little detailed information about her clientele and practice.

The previously mentioned *pirānimā* is married to a *murśid* who is caretaker of a small *dargāh* (shrine of a Muslim saint). Although the primary tomb is that of a male saint, the shrine is called a "women's *dargāh*" because women, in particular, go there in order to have various

¹⁹ This contradiction in the telling reminds us that all life histories and experiential accounts are constructions whose shapes shift according to the context of the performance.

problems solved.²⁰ They take their complaints to the *pirānimā*, who “prescribes” that they spend a certain number of nights at the *dargāh*. Her prescriptive authority depends upon her own dreams. When I asked the friend who first took me to the shrine how women decide whether to go to a healer such as Amma or to the *dargāh*, she said that they go to Amma when they don’t have time or money to spend nights at the *dargāh*.²¹ (At the time, approximately ten women were staying at the *dargāh* when I visited; they had been there between two weeks and seven months, several with babies or young children staying with them). The *pirānimā* does not take direct payment for her services, but benefits indirectly from offerings made at the shrine.

A second female specialist is the evening attendant at a relatively minor tomb of a female saint within the compound of one of the largest *dargāh* (Dargāh Yusefayn) in Hyderabad. Here, she accepts rose petal offerings from visitors, spreading the petals over the tomb and blessing the supplicants by gently hitting them on their head, shoulders, and back with a peacock-feather “broom.” During the day, she told me she “takes care of the house” and frequently carries out a ritual called *dastarkhān* (reciting the 99 names of God by counting out seeds into piles on a large cloth) in her home. Women who have neither the resources, the community, nor the physical space to conduct the ritual themselves ask her to initiate *dastarkhān* on their behalf when they are experiencing a particular problem. She then invites other women in her community to participate and assist her by counting out the piles of seeds; she receives no direct payment for this service.

A third example of female ritual authority is found in the informal practice of a widow in her late sixties, living with her only son and his wife. Her particular skill is the ability to communicate directly with the *jinn* and from them to receive answers to questions that a client may pose. She performs this service on an irregular basis in her son’s home or the home of a client for family, friends, and friends of friends. She said she had always been interested in spiritual things, and this skill in particular,

²⁰ Because women so dominate the space, they are free to take off their *burqā* once inside; the space approximates the inside of their homes. A friend told me she preferred this *dargāh* to others she could go to because of this freedom and the community of women found there.

²¹ The *pirānimā* prescribed a single night at the *dargāh* to this friend for a simple worry she had about her son’s employment; but my friend shrugged her shoulders as we left and exclaimed, “How could I do that! The vegetables are waiting to be cut; who would do that?”

because her father and uncle were such specialists. She went to a guru only seven years ago to learn how to communicate with the *jinn*, through reciting the name of God and particular Qur'anic verses and then gazing into a special small black stone balanced on her thumb until the *jinn* appears in the stone's reflection. Her guru is a *murśid* who writes *tāvīz* (amulets) and practices other healing techniques similar to those of Amma, but he has specifically forbidden this woman from "writing."

In contrast to the exclusively female clientele of these specialists, approximately one-third of Amma's patients are male (many of them Hindu). She sees them without restriction, without wearing her *burqā*. She has both male and female disciples, who help her in her practice by folding slips of paper for *tāvīz* and *falltā* or by explaining the intricacies of various treatments to patients. Amma also has standard monetary fees for specific services she provides,²² and her economic independence sets her apart from the majority of female patients she meets.²³ In 1994-95, Amma's monthly healing income was close to 7-8,000 rupees per month, while Abba's retirement benefits were only 1,500.²⁴ Amma and Abba seem to keep their "healing" and shop accounts separate. When Amma periodically wanted to offer a friend or visitor (fieldworker included) a snack from the shop, she took money from her "healing" coffer and gave it to Abba to purchase the snack. Amma's mixed-gender clientele and the direct economic relationship she establishes with them place Amma in the public domain—a traditionally male domain.

Amma views herself as distinct from and superior to the female religious specialists or healers described above, whose domains are more restricted than hers. She expressed disdain for the *pirānimā* associated with

²² In 1994, Amma charged approximately 5 rupees for each *tāvīz* she wrote, each set of *falltā* she gave, or each *utārā* she prescribed. House exorcisms (*bandīs*), one or two of which she performed every Friday (her "day off"), cost between 200 and 500 rupees each. Long-term treatments for infertility cost up to 500 rupees.

²³ Jeffrey points to the economic powerlessness of the *pirzāde* women with whom she worked as one of the keystones to the maintenance of the rather extreme degree of purdah practiced in their community (1979:165). Lateef found in her survey study of Muslim women in India that "wage earners . . . [are] unlikely to observe purdah or if they did, to do so flexibly, to have no formal education and to participate in family decision-making, reflecting their monetary contribution . . ." (1990:111).

²⁴ Amma has also invested in the purchase of three auto-rickshaws that she rents out to drivers and is constantly thinking of other small money-making schemes, necessitated by the burden she feels of supporting her large family (all grown and married now, but not all economically independent).

the “women’s *dargāh*,” seeing her as someone whose service was not of the same quality as her own. She referred to her as a “food eater,” that is, someone who serves only for remuneration. After reporting one of my visits to the *dargāh*, Amma asked me directly, “What does she give? Does she write *tāvīz*? No! Does she write *falītā*? She gives nothing.”

The question remains: why are there so few female healers practicing in the public domain? I refer back to Amma’s comment about why her daughter-in-law would not make a good healer—she lacks “heart” and “courage” (*dil* and *himmat*). Amma’s definition of what it means “to have heart” and her perception of her own uniqueness in this regard are given concrete form in her life narratives and the testimonials discussed below.

Amma’s Life Narratives

One of my early goals in fieldwork was to elicit Amma’s life history. I soon realized, however, that in the course of Amma’s healing day, there was little time for extended reminiscing; and her time before and after the long healing day was rarely available to me, since she was either bathing, eating, or dealing with family matters. Thus, I think of the narratives and commentary I taped regarding her life as narrative *segments*, which were either answers to what were intended to be open-ended questions to elicit life narratives or responses to more direct questions about her life and experience.

Nevertheless, the segments begin to build up a shape and quality quite distinct from that of the life narratives told to me by the mother of Amma’s daughter-in-law. The mother’s narratives were filled with personally drawn vignettes of her everyday life: the fear and dread of early marriage experienced when visitors came to “look at her” as a young girl; the embarrassment of breast-feeding when her breasts were overflowing with milk and drenching her sari, a situation that resulted in her hiding under a mosquito net while feeding her baby; the story of an old deaf grandmother-in-law being teased by her grandchildren; the grief experienced in the death of a teenaged son and the pilgrimages to *dargāh* that followed.

Amma’s life narratives were often not as descriptive as those told by her agemate. Most segments were carefully constructed to provide a context for her life as a healer, many of them highlighting her uniqueness. For example, when I asked her about her childhood memories, she told me she had followed “Allah’s *bhakti*” (devotion) from a young age; she would often sit for long periods of time and “remember Allah.” In the context of

meeting my own son and daughter in the winter of 1996, Amma remembered those early years in a lighter, but still significant frame. She said, “I could do anything when I was a young girl: climb a tree, ride a bicycle. My father never called me daughter (*beṭī*), he always called me son (*beṭā*).” *Beṭā* is often a term of endearment used by relatives for young girls,²⁵ but Amma was now interpreting it in a very specific way as situating her outside her gender, freeing her to engage in activities in which little girls presumably did not normally take part, and raising her in her father’s esteem and love.

According to Amma’s personal narratives, the first external recognition of her singular qualities came from a Hindu teacher at the government school she attended until sixth grade, when her parents withdrew her from school. He looked at her and said, “This girl will become famous.” She got married at thirteen, and the first of her eleven living children was born by the time she was fifteen. Even while raising a family, she said, “I remembered Allah. I had to take care of the house, the store, the children. I had to run everything. The children grew up. Then I took up this work. After taking this up, one more daughter was born.”

When Amma spoke with me in 1989 about her early life, she told me she had had a vision (*nazar*) soon after she was married in which she saw words, “like the credits on the screen at the end of a movie,” and that this experience had propelled her to her eventual healing practice. When I asked her about the words of that vision on my 1991 visit to Hyderabad, she said she had had many visions, but “my mouth is shut.” In other conversations, however, she was willing to reveal the contents of other visions. An example follows:

Do you know what happened once? When I was playing with my breath [meditating], I had a vision of my guru, a vision of light (*rośanī*). From this, love was born. Love comes from light (*bijalī*). When I’m talking to you, it’s not me talking, but my light. Everything is light (*rośanī*); without light, I wouldn’t exist, you wouldn’t exist. Allah is light (*bijalī*); He is radiance (*nūr*).

Whether or not she revealed their contents, it became clear that visions are an important construct of Amma’s life story to which she attributes much of her healing authority (Flueckiger 1995).

Amma first went to a guru when she was about thirty years old, when she secretly visited and obtained teaching from a guru in Nizambad, Andhra

²⁵ See Minault 1994 for a discussion of Muslim women’s language in the *zenānā* (women’s quarters), including this intimate use of the term *beṭā*.

Pradesh.²⁶ She said she had had a dream in which she had seen the guru and he had told her various things. When she woke up the guru was gone, but she remembered what he had said.²⁷ After visiting him, she returned to Abba and told her husband that she had made a great mistake by visiting a guru (that is, by going without his knowledge). Instead of being angry as she expected, he said, “Take me to him. I, too, will learn.” This guru initiated Abba first as a disciple and, at age forty, as a *murśid*. When Amma expressed her interest in learning the specific “mantras” necessary for healing, the guru referred her to his own guru; it is through the latter that Amma learned the specifics necessary to become a “public” healer. Amma laughed when she thought about the implications of her receiving teaching from her guru’s guru, “My guru is my *pīr bhaiyā* (*pīr* brother).”

Amma first practiced her healing among extended family and friends. It has only been within the last ten to fifteen years that as a healer she has met the ‘public’ as she does now. Her practice and renown have grown considerably even within the last two years, along with the financial remuneration that accompanies such success. In the last two years success has taken the form of a shift from Amma sitting on the floor in front of a low wooden table to “moving up” to a folding table and chairs. Her reputation has spread all the way to Dubai, according to Amma: “Patients come by auto, foot, and bus—from villages, Bombay, and Pune. *Falītā* are even taken to Dubai; everything’s taken to Dubai.” Amma told me her success had greatly angered the guru who taught her the healing practice, and that he had sent the evil eye (*kartūt*) towards her. She had, however, successfully deflected and returned it to him. She has no contact with him anymore, and considers her first guru her real guru.²⁸

An example of how Amma has constructed her life story as a context for her position as healer is found in the following “life summary,” given

²⁶ Both Amma and Abba specifically used the word “guru” for this teacher; however, when I asked if he were a *murśid* or *pīr*, they answered affirmatively.

²⁷ See Ewing 1980 for an extended discussion of “Dreams as a Mode of Communication Between the *Pīr* and His Disciple” (chapter 4).

²⁸ The relationship between the two gurus was difficult to ascertain initially. On the wall behind the spot where Amma sits to heal, there are several framed pictures, among which are two of the first guru, who died six to eight years ago. I asked Amma, Abba, and various disciples if the pictured guru was the one from whom Amma had learned. The answer was always yes. There was, however, periodic mention of a living guru from whom she also had learned. It was only after many months of sitting with Amma that the entire story became clear: there were two gurus—the second of whom she had now repudiated.

when I was trying to clarify exactly when she had begun her public healing, that is, at what stage of childrearing:

I've followed Allah's *bhakti* ever since I was small. Then I got married. Even after I got married, I kept on praying [literally, "reading"] continually. When I had children, I sat out for forty days; then I'd start up again. Then I started the store; since I started it, I've never left it. I worked in the house and raised the children—it's a forty-year-old store. Then I met a guru and became a disciple. I became a disciple, then I, too, became a guru. I'm also making disciples. And I'm continuing on.

Amma's Testimonial Tales

Amma "broke through into performance"²⁹ more naturally when she told what I have called "testimonials"—stories that recount her success as a healer. I distinguish these stories from "life narratives" because they are a more natural and frequent part of Amma's healing narrative than the analytical genre of expression that Western scholars have called "life histories." She told these testimonial stories as illustrations of her unique healing power and authority in order to establish her credibility among her patients, particularly first-time patients.

One testimonial I heard numerous times recounts Amma's power as manifested through her induction of labor in her sister, whose baby had died at term in utero. Through repeated tellings, this testimonial had been standardized and given artistic form. I provide one variant below:

My sister's labor wasn't starting. Her child had died in her womb. It died in the womb; the child had died. So what did they say? "The child has died, so you will have to have an operation." My brother-in-law told this to my sister.

So I went [to the hospital]. I went there, and what had happened? My brother-in-law had already signed for the operation. He signed and then I arrived. I took the paper and went to Shankar Amma [the female doctor]. I took it and tore it up. "What are you doing?!" she asked. I said, "Give me until three o'clock tomorrow afternoon; do the operation then" [i.e., if labor hasn't started by then]. They took a T.V. x-ray and the baby was dead.

²⁹ See Hymes 1975 for his discussion of these "breakthroughs into performance" in the course of "normal" conversation.

I quickly went home, bathed, took my Book, and went back and sat there [in the hospital room]. The baby had been dead in the womb for seven days... [indiscernible on tape]. I went in and sat down. I put water in a bucket and sat down.

[Joyce: The Book is the Qur'an, right? Amma: Yes.]

I took it [the Book], read it, and sat down. Then, do you know what kind of vision came to me? [It was] Of those who had caused it to happen, who had killed the baby [presumably a devil or human who had cast the evil eye]. And of Malamat and Amma Jan [a form of Satan and a female Muslim saint, presumably battling over the case]. She was wearing a black blouse and sari. [The vision was of] Malamat-Amma Jan, Malamat-Amma Jan, Malamat-Amma Jan, Malamat-Amma Jan, trees, stones. I saw them as I was reading, and they saw me.

They came and sat down. She sat down like a tiger. "Bring some water," she said. "It's a beautiful child." I saw all this while I was reading. I saw the whole 'scene,' like the 'cinema.' So I brought the water and drank it [not clear if she drank it or caused her sister to drink it]. She said, "The child's hand was causing it; now it's clean."

The Book was finished, and Malamat went and fell under a tree, and Amma Jan went over here, and the three of them [who had caused the death] went over there, and my reading was finished.

... [her voice is competing with that of the screeching parrot outside, and a sentence is lost here]

[Patient to whom Amma is telling the story: So did she have the operation?]

No. Do you know what happened after that? My brother-in-law came in, bringing the Book. It was two o'clock [in the morning of the day of the scheduled operation]. I told him, "Go to sleep." And I sat there eating *pān*, spitting, eating *pān*, spitting. I just sat there.

Al-lah, Al-lah. The pains started. My sister's pains started. They took her to the "theatre." At twelve o'clock she delivered. 'Normal,' not in bits and pieces (*na ṭākā, na ṭūkā*). Like her other two children, not in bits and pieces. The delivery happened. The child was blue, blue, blue. The hand was so white; you've never seen one so white. The face was like this [she puffs out her cheeks]. The smell was terrible.

The doctor called me, "Look," she said. "Yes, I saw it. And you said an operation would be necessary, and now the delivery has happened [naturally]."

There was no fever, nothing, and she was ‘discharged’ in three days.

When I went back [to the hospital] for my second daughter’s delivery, she [the doctor] said, “Amma, you go out and I’ll come in [into the room]. If I come in, what will the baby do? I’ll stay outside.” I said, “No, come in Shankar Amma.” She said, “No, Amma, you come out and then I’ll come in. If you stay in there, I won’t come in.” [Amma laughs vigorously.]

Other testimonials are only a few sentences, such as one in which Amma recounts her power to “close a dog’s mouth.” She had been walking along when she encountered a barking dog. She said some words to close its mouth and it was silenced. The worried owner of the dog came out of the house to see what had caused the sudden change, but Amma told him not to worry—the dog was not harmed, only silenced. The owner remarked, “You are full of Allah’s *bhakti* (devotion),” and Amma continued on her way.

Amma is not alone in her performance of testimonial tales; her patients also recount such stories as they sit in the courtyard awaiting their turn to see Amma or at her healing table as they hear problems of other patients. Amma sometimes elicits these stories from them by asking patients to come back when their problem is cured so that she and other patients can see and hear about the results of her treatment. An example is the young Muslim mother who brought in a pudgy, healthy two-month old baby girl, whom she said had been conceived and lived until term as the result of intense treatment given by Amma (at a cost of 500 rupees). Another dramatized testimonial involved a young Hindu mother whose husband had been drinking too much, had mistreated her, and had quit going to work. She returned to Amma’s healing room with her own mother to testify to the success of Amma’s treatment. She was dressed in a new, brightly colored sari and new bangles, and her face was beaming as she told her story numerous times to various patients both in the courtyard and in the room. She and her mother had brought sweets to offer as *fātihā* (religious offering) at the flag pole, the offering of which was officiated over by Abba. The sweets were then distributed to Amma’s family, the two fieldworkers present, and several other patients.

One of Amma’s male disciples was particularly fond of performing testimonial tales with high drama. He is thirty-five to forty years old, a railway worker who comes to sit across the table from Amma and assist her whenever he is not traveling for his work. One of his tales is an example of what might be called a “negative testimonial.” A patient had come in to ask Amma to diagnosis why her baby had died. Amma used the name-number technique of diagnosis and proclaimed that the cause of death had been the

evil eye (*asrat*). The disciple immediately reprimanded the mother for not having come in sooner and then told the testimonial of his own brother's child who had died a similar death. The brother had brought the child to the disciple and asked for advice, and the disciple had told him to bring the baby to Amma. His advice was ignored, and the baby died.

Negative testimonials about Amma's own treatment are rarely heard in her presence. Out of all the patients whom I observed in Amma's room over a period of a year, I heard the story of failed treatment only three times. Once was in the case of a Hindu man with a trembling hand who came back to Amma after three weeks of treatment had produced no signs of improvement. On this visit, he came back with his rather skeptical father. Amma told them that the failure meant stronger, more expensive treatment would be required. Another man returned to say that he had been three-quarters healed and was coming back for the last quarter. The last case was one of a young woman whose husband had run off with another woman. She complained to Amma that even after burning all the *falītā* she had been given he had not come back. Amma defended her treatment by saying that it had failed because she had not known the other woman's name the first time. She wrote out another set of *falītā* with the name written on it. The patient complained, "How long am I going to have to keep doing this?" to which Amma replied emphatically, "He *will* return!"

The form and content of these testimonials is similar to tales told at the tombs of Muslim saints. When visiting various *dargāh*, I always tried to elicit the "story of the saint" from visitors to or caretakers of the tomb. I was rarely given the story of the saint's *life* (a hagiography), but rather a story of his or her miracles (*karāmat*)—the deeds of the saint.³⁰ Amma

³⁰ Abba described the following as the process by which *dargāh* come into existence: someone dies; people offer *fātihā* (offerings to the dead) at the gravesite and experience miracles; more and more people begin to come and experience similar miracles; finally a *dargāh* is built.

Between 1980 and 1987, in Raipur, M.P., I witnessed this process. An unknown man appeared in the city and took up residence on the steps of a store. He wore little, rarely spoke, and never moved from the steps. His power was said to be that he ate little and never urinated or defecated. People thought he might have come from Afghanistan because the few words he spoke were unintelligible. Gradually, more and more people began to visit the site where he sat and offer him burning cigarettes. He would often get angry at those standing around, but people stayed because they believed they experienced miracles in his presence. When he died, there was a heated debate as to whether he was Hindu or Muslim, and thus whether he should be buried or cremated. The Muslim community finally won their claim to his body and buried him, and soon thereafter an elaborate *dargāh* was built around his tomb. His reputation was based totally on his miracles rather than on his life.

structures her own story on a similar model. In the healing room, she prefers to tell about her deeds, her “miracles,” rather than the details of her personal life.

Amma’s healing room is a context in which many stories of the “caste of woman” are told—generally stories of suffering and trouble—and their telling helps to strengthen the identity of that caste. Amma’s performance of life narratives, testimonials, and healing rhetoric articulate quite a different story, standing in dramatic contrast to those articulated by her patients. And Amma herself tells this lived story—of “acts” of authority in the public sphere—as one positioned outside the boundaries of her gender. This disclaimer may help Amma herself to bridge the contradiction between her own life story and the models for gender laid out before her. It may also help to give the appearance of a story that does not challenge the model articulated by the patriarchal culture in which she lives. I suggest, however, that for the women listening to Amma’s story, its very telling extends the boundaries of gender.

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