

## Relational Affliction: Reconceptualizing "Mass Hysteria"

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**Abstract** An ethnographic exploration of "mass hysteria" in Nepal reconsiders existing anthropological treatments of this form of affliction as gendered resistance. In Nepal, affected communities and girls dispute psychosocial counselors and anthropologists on conceptual grounds. These conflicts revolve around two distinct understandings of the subject of affliction. The subject of "mass hysteria" takes a liberal feminist form in which symptoms reveal resistance to power, while for the subject afflicted by ghosts and spirits, *bhut-pret laagne*, symptoms reveal the intertwined relationality between bodies and the world. I argue that by shifting attention away from questions of resistance, desire, and truth of the individual, we find that the concepts of *chopne* and *bhut-pret laagne* are concerned with the transfer, sharing, and relationality of affliction. By placing Nepali and Euro-American conceptualizations in dialogue, haunting is approached not as idiom or metaphor but as an analytic with which to construct new conceptual frameworks.[Nepal, hysteria, haunting, relationality]

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"... life is not limited to this ungraspable inner streaming; it also streams outside and opens itself incessantly to what flows or surges toward it... words, books, monuments, symbols, laughter are only so many paths of this contagion, of these passages."

—George Bataille, *Inner Experience*

December 12, 2014. 11:30 a.m. The day was overcast and cold. The valley below was filled with a thick milky fog. The first girl was already lying prone as if sleeping on the wooden bench when I was called to the school. The office was filled with mostly men, the teachers, watching and some playing a game of chess, studiously ignoring Laxshmi Basnet from Class 8 as she cried and writhed and then fell into what looked like a deep sleep, punctuated by quick breathing, her fists clenched.<sup>1</sup> Suddenly she screamed, and we all jumped to attention. Thirty minutes later a second girl was brought out of a classroom, led by the arm of one of the young school mistresses. As Karuna Karki climbed up the steep path, she walked as if she could see where she was going. She was brought into a second room. Someone brought a plastic mat and spread it over the packed earth floor. She cried and moaned, her back against the wall. She spoke in a semiconscious state saying in the voice of another, "Go away! I said go away! Go away quick! Don't do it! Don't do your thing! Go away!" It was unclear who this was directed towards, or what the thing, *kura*, was exactly.

Some teachers came in to alternately watch her or play solitaire on the school computer. The teachers had been informed by the doctors who came from the district headquarters this was an affliction called “mass hysteria,” and they were advised to separate the girls and to pay no attention to them to reduce the symptoms. They were trying their best to follow the doctors’ orders. Some teachers looked uncomfortable. One watched, his hands stuffed deep into his jacket pockets; another awkwardly gripped the edge of a table. Others seemed to find the episode amusing. Then a third girl was brought in, moaning and shivering. By now it was 1 p.m. The third was placed on a wooden bench where the first, who had now recovered, had been lying. The teachers discussed whether she had been afflicted before. Two friends, unaffected, gathered around her with concern, but they were told to leave. A fourth girl fell ill and was kept in yet another place. Karuna recovered, returned to the classroom, fell ill again, and was brought back into the empty computer room with the plastic mat. In the midst of this, the headmaster made a phone call and told someone it was happening again. Later some girls reported having seen a ghost, someone dressed in all white, the Hindu color of death. Others said that it was the ghost of an elderly Newari grandmother, Aji, who had died one year before. In total 15 girls, a tight group of best friends between the ages of 12 and 15, were afflicted. Teachers who had observed the moment of transfer said that the affliction flowed through touch and sight. Once they had fallen, their body positions mirrored that of each other as if following a corporeal grammar.

The English language newspaper headline that led me to this case read, “‘Ghost’ shuts school,” and was one of at least 70 cases that were reported in Nepali and English language newspapers between 2012 and 2016. In these articles, the description is generally similar: groups of around 15 adolescent girls suddenly become afflicted with what is described as “mass hysteria” in a government school. Their symptoms include screaming, crying, and falling unconscious. Often it is noted that the suffering is attributed to a ghost or spirit, and *dhamsi jhakri*, shamanic healers, have been called to the school. In response to this phenomenon, psychosocial counselors are frequently called upon to intervene in such cases, which they diagnose using the psychiatric concept of “conversion disorder.” Nepali psychiatrists and psychosocial counselors insisted, at least publicly, that spirits and ghosts cannot exist and prescribed correctives of psychoeducation combined with psychosocial counseling to address what they argued were the real origins of the problem, the inability of young, high-caste Hindu women, living in conservative, patriarchal, rural communities to verbally express their emotions, particularly anger. As one prominent psychiatrist explained “*these* women use the symptoms in order to survive.”

Anthropologists have provided interpretations that are similar to that of the Nepali psychiatrists and psychosocial counselors when they have argued that cases of “mass hysteria” and spirit possession among women are a form of resistance to power that “speaks” through the body (Boddy 1989; Ong 1988, 2010). Yet, as feminist and postcolonial scholars have demonstrated, such interpretations rely on a model of individual agency that finds its origins in western liberalism in which feminine resistance is defined by a quest for autonomy (Abu-Lughod 2002; Mahmood 2005). To translate such cases of affliction as “hysteria” or “conversion disorder” in Nepal, where in many communities they are theorized and

experienced through the concepts of *chopne*, being taken over, and *bhut-pret laagne*, ghosts and spirits inhabiting the body, is to produce commensurability between European and non-Western conceptual categories in which the European concept dominates and replaces the Nepali one (Asad 1986; Chakrabarty 2000, 17). My analysis of the encounter between these Nepali and European concepts takes place in a context in which psychosocial interventions have become increasingly popular in postconflict and now postdisaster Nepal. To think through the politics of conceptualization at stake in Nepal, this article examines the concepts of “hysteria,” “conversion disorder,” *chopne*, and *bhut-pret laagne* in order to show how they relate to and diverge from each other in their embedded assumptions of the subject of affliction.<sup>2</sup>

As a psychiatric diagnosis, the etymology of “conversion disorder” traces its roots to the nineteenth-century hysteric, in which symptoms are understood to be converted from the mind to the body in order to express unconscious desire. Similarly, the anthropological conceptualization of “mass hysteria” as resistance begins from the assumption that unconscious desire is converted from the mind and somatized into the body.<sup>3</sup> This is precisely where an analytic of haunting diverges in important ways. By shifting attention away from questions of resistance, desire, and truth of the individual, we find that the concepts of *chopne* and *bhut-pret laagne* are concerned with the transfer, sharing, and relationality of affliction. These conceptualizations rest on two distinct understandings of the subject—the subject of “hysteria” and “conversion disorder” assumes a split between mind and body, in which resistance to power may speak through the body as a form of individual agency; the subject afflicted by ghosts and spirits, *bhut-pret laagne*, assumes the relationality between bodies and the world, in which affliction may be transferred and shared between bodies and may arise from proximity to a space of death.

The problem of conceptualization is not only a theoretical question, but a concrete issue widely discussed and debated among those with whom I worked. The next section will describe how Nepali psychiatrists and psychosocial counselors drew on the concepts of “hysteria” and “conversion disorder” to understand this phenomenon as a way for young women to survive life under patriarchy and the pressures of keeping their *tension* concealed. Following this, the problem of incommensurability will be discussed as it occurred in psychosocial interventions in Nepal, where people insisted that “mass hysteria” was an entity distinct from that of ghostly haunting, *bhut-pret laagne*. In order to contextualize this reflection, the final part of this essay will return to the ethnographic description of a case as it unfolded in a rural community in eastern Nepal during six months to show how the concepts of *chopne* and *bhut-pret laagne* were engaged in relation to the situation. Through the ethnography, I demonstrate these concepts are tied to a distinctly Nepali analytic of haunting that understands affliction to be relational, which inspires a new framework for analyzing this form of shared affliction. To reconsider “mass hysteria” through a Nepali analytic of haunting is to suggest a relational framework for thinking about affliction, as well as for approaching the relationship between ethnography and theory.

## Psychosocial Interventions in Postconflict Nepal

In 2012, I attended a mental health training for rural health post workers in a midwestern district of Nepal. It was there that I first learned of the cases of adolescent “mass hysteria” that had been occurring among groups of teenage girls in government schools across the country, identified by local mental health NGOs as a problem in need of psychosocial intervention. This district had been both a central site of violence and destination for people displaced by violence during the People’s War that had ended in 2006, and as a result it had become a focus of foreign funded NGO-led community mental health programs. This training was one instance of the increased attention paid to mental health in Nepal, which, in the years following the decade-long Maoist insurgency and more recently since the 2015 earthquakes, has now become a central node in the new Global Mental Health movement.

While Nepal has long been a key location in the anthropological literature on shamanic healing (Desjarlais 1992; Hitchcock and Jones 1976; Maskarinec 1995), its emergence as a site for Global Mental Health research and implementation is a new trend (Upadhaya et al. 2014). In Nepal, psychiatric services first appeared in the 1960s and were limited to the Kathmandu valley. In the 1980s, United Missions Nepal, a Christian INGO, provided the first community mental health programs (Acland 2002), but it was only in the aftermath of the People’s War that local NGOs for mental health and counseling multiplied, as foreign donors funded mental health and psychosocial support programs and research focused on victim groups and PTSD (Luitel et al. 2015). When the 7.8 magnitude earthquake and 7.3 magnitude aftershock struck the central region of Nepal in 2015, killing over 9,000 people and destroying half a million homes, a new influx of resources for mental health and psychosocial support flooded the country, and many people living in earthquake-affected zones received psychosocial services for the first time (Seale-Feldman 2018). Yet, despite the increase of funding for NGO-implemented mental health programs in Nepal, because mental health had not yet been incorporated into the healthcare system as of 2016 the vast majority of people living outside Kathmandu and semiurban bazar towns did not have access to psychiatric services and were unfamiliar with psychosocial interpretations and diagnoses.

Informed by the concept of “conversion disorder” as it had influenced the anthropological literature, my research project was designed to investigate the phenomenon based on that model. The methodology and the social theories this project drew on were focused on a search for trauma, for conflicts, for evidence of resistance to oppression, in a way not dissimilar to the work of the Nepali counselors and psychiatrists. Embedded within these methodologies and theories was an assumption of what this affliction was and who it was afflicting. Efforts to discern the unconscious conflicts that might be speaking through the body indicated an a priori understanding of the affliction and its causality, yet many aspects of the phenomenon did not seem to fit. The logistics of the phenomenon defied existing frameworks of what an affliction is or should be. The affliction was transient, appearing without warning, spreading, and then disappearing. Instead of being centered in the life of one individual, it was decentered from the individual and distributed among many. When asked about the experience of affliction, those who underwent it could not describe it; it

was an event they came to know about only through the words and images captured and mediated by others. As a result, the girls could not explicate their experience beyond what they remembered before becoming afflicted, for it was not an experience they seemed to have access to. In this way my analysis is also inspired by the phenomenology of affliction, its logistics, and form of operating. In a mode similar to Robert Desjarlais' deconstruction of the concept of "experience" as produced through a humanist discourse of interiority and individuality (Desjarlais 1994), I bracket "hysteria" and "conversion disorder," that is, I suspend their taken-for-granted meanings to destabilize the concepts and reveal the assumptions that inform the objectification of symptoms (Desjarlais and Throop 2011).

### **Somatizing Patriarchy**

In a case of group possession among women in central Nepal, some scholars have argued that spirit possession is a "cultural idiom of distress" (Nichter 1981) that "may allow marginalized women to gain agency and power" (Sapkota et al. 2014, 644). This research "aimed to investigate the characteristics of individuals suffering from possession and explore potential underlying reasons for these incidents" (647). Using scales adapted to the Nepali context, they measured rates of depression, anxiety, and PTSD among the afflicted and unafflicted in the village and found that compared to women not possessed, "possessed women had a higher number of traumatic exposures and higher rates of symptoms of mental health problems" (658). The research team also provided "psychoeducation" to the villagers, but according to the authors, these explanations were rejected by the community, along with the findings of the study. The community members "did not see possession as a way of coping. Instead, they reaffirmed their view that spirits that were angry or upset had the ability to inflict harm by possessing people" (663). My critique flows from this conceptual conflict, which was also encountered during two years of fieldwork in Nepal. During my research, I observed the stark distinctions in conceptualizations of affliction in the encounters between psychosocial counselors and the communities in which they intervened, the ways these differences were unevenly mapped onto troubling class distinctions, and the impossibility of dialogue across these social divides. In Kathmandu, psychiatrists often spoke about conversion disorder as a problem found in poor, rural communities deemed to be "backwards" and "nonmodern." As one prominent psychiatrist explained, cases of "mass conversion disorder" "occur in places with high superstition and low education." Yet cases also occurred in expensive private boarding schools, although their publicity was carefully controlled.

In Nepal, at the time of my research, conversion disorder was a widespread and common diagnosis, particularly among women. The problematization of the disorder was intersectional (Crenshaw 1991) as the affliction was perceived as being not only a "women's problem," but specifically a problem affecting a certain social class and caste, rural high-caste Hindu communities, which were deemed to be the most conservative and restrictive for women. A dominant interpretation among psychiatrists and psychosocial counselors linked conversion disorder to the inability to share and express one's emotions, explained through the gendered metaphor of the pressure cooker. Here the idea was that the *man*, the heart-mind,

was like a pressure cooker; personality is the thickness of the pot, coping and sharing are the steam, and *tension* is the fire. *Tension*, if not addressed and verbalized, builds up until it explodes, causing bodily symptoms along with “fainting,” *behos bune*, a phenomenon known in psychiatric terms as somatization. As one male psychiatrist put it,

It’s usually stress related. Young females usually have arguments with their parents. Married females usually have arguments with their in-laws . . . And because of those stressors, because of those arguments, some even try committing suicide, but some have conversion. They have fainting episodes. They have shouting, screaming episodes . . . Usually in Nepal when young females have conversion or hysteria they think it is black magic. They go to a traditional faith healer for treatment . . . It is basically stress. They keep everything bottled up. And they try not to expose, try to appear happy, try to control it, but then later on it comes out in some form or the other.

For many psychiatrists and psychosocial counselors, the subject of conversion disorder was an uneducated high-caste Hindu woman from a poor, rural, and conservative background who, unable to express herself, somatizes her emotions. To point this out is not to suggest that the burden of work was not heavier or that life was not harder for women in Nepal, especially those from lower socioeconomic backgrounds, but it is to show how a discourse of development, “backward culture,” caste, and the status of women had become tied up with this diagnosis. As another male psychiatrist in Kathmandu explained, “In our society, girls, they get less chance for education, and there is less opportunity for expression. They don’t express much . . . they have to suffer silently. Of course, conversion is that. If you cannot resolve a conflict then it comes as some physical symptoms. So that is the basic principle.” Similarly, in her work on north Indian girls suffering (individually) from a nonneurological affliction known locally as “clenched teeth,” Jocelyn Marrow has argued that symptoms were the embodiment of social anxieties related to aspirations of modern womanhood among middle-class girls (2013, 358). In Nepal, the metaphor of the pressure cooker demonstrated how psychiatric discourse of conversion disorder was linked to understandings of women’s affect and comportment, as well as their socioeconomic circumstances.

While many psychiatrists and psychosocial counselors spoke of conversion disorder as a form resistance to oppression, at the same time they also suspected that the symptoms of conversion disorder were a form of manipulation related to the ability to receive “primary and secondary gains.” The treatment, from this perspective, was to firmly refuse to give in to suspected manipulation—something that one Nepali psychiatrist called “show no love,” *maya nadekbne*.<sup>4</sup> That girls were both resisting patriarchy and inequality and manipulating those around them not only reveals ambivalence about the intentions of those who were afflicted, but also indicates the centrality of the theme of truth (that is, unspoken truths given voice through the body) for the concepts of conversion disorder and hysteria. As Sarah Pinto has pointed out in her work on hysteria in north India, “hysteria is a disease that calls into question the nature of truth telling on the ground of female biology—the body speaks truths that the voice may not (cannot)” (2014, 180).

In their momentary ungovernability, girls commanded a form of power as they collectively disrupted the school with their screams, cries, and bodies. Yet these collective disruptions

did not make any demands or relate to any injustice the girls *themselves* underwent. Unlike Ong's argument that the group possession of young women working in Malaysian factories was "the unconscious beginning of an idiom of protest against labor discipline and male control" (2010, 207), in the rural government schools of Nepal it was not resistance that spoke through the body, but relationality.

### An Analytic of Haunting

The problem of the incommensurability of analytical concepts was raised by the government schoolteachers I met in eastern Nepal, as we sat discussing the particular case I would come to know in detail. When doctors from the district headquarters came to the school after hearing about the case, they told the teachers that the affliction was called "mass hysteria" and, conjuring Freud, said that it was caused by unsatisfied sexual desire. As the school teachers explained, they first heard about "mass hysteria" (said in English) "from the district headquarters," *jillaa bata aaeke*. In this way, the naming of the affliction became spatially mapped and linked to other things which "came from the district headquarters," particularly "development," *bikas*, and modernity. As Stacy Pigg has argued through her research with health workers in Nepal, many Nepalis "experience modernity through a development ideology that insists that they are *not* modern, indeed that they have a very long way to go to get there" (1996, 163). In her work, Pigg (1996) describes how shamans, *dbami-jbankri*, and the discourse around belief in spirits embody anxieties about modernity in Nepal more generally. The association of psychiatric concepts with development gets to a central issue at play in psychosocial encounters in rural Nepal—the consistent focus on oneself in relation to the imagined trajectory of modernity and becoming "developed," *bikasit*. As one psychosocial counselor said to a group of girls during a psychosocial intervention for a case of "mass hysteria" elsewhere, "when people come from Kathmandu, do you believe them or not?"

According to the school teachers, the district doctors had suggested that "after a man touched them, they would be better," meaning that the girls should be married off for their sexual desire to be satisfied in a socially appropriate way. This explanation was one I encountered in other cases, and one afflicted girl that I met in 2013 in another rural community was ultimately married in hope of curing her and avoiding the stigmatization of madness, *baulaba*. On the other hand, this interpretation was just as frequently a cause for outrage among the families of afflicted girls. In eastern Nepal, the teachers, community members, families of the afflicted, and the afflicted girls themselves did not readily accept this idea as appropriate. When I asked the school teachers why they thought "mass hysteria" occurs, they answered, as if taking a test, with the reasons given by the district doctors. When asked about the causes of *bbut-pret laagne*, ghost and spirit possession, they replied with similar definitional precision, but with a radically different answer.

In *Nepali Bhasa*, the word "*chopne*" is drawn from the verb *chopnu*, which means to cover, wrap, protect, conceal, or pounce. It is frequently used in the context of illness, in the

sentence structure of “*X le chopeko*” with “*X*” causing the illness and the ergative marker “*le*” indicating that “it was done by,” for example, “*jworle chopeko*,” sickness caused by a fever, or “*bbutle chopeko*,” sickness caused by ghostly possession. *Chopne* is also used to describe the feeling of being overwhelmed by an emotion, “*malaai dukkhale chopyo*”: “I was overwhelmed by grief” (Schmidt 1994, 212–13). As a word relating to illness, *chopne* is associated with the affliction of women, often in relation to suspicions of witchcraft or evil eye, *aakhaa laune* (Pach et al. 2002). During my research, *chopne* was the term used to talk about the embodied experience of being taken over by ghosts and spirits, *bhut-pret* and *pichaas*, and temporarily becoming the ghost.<sup>5</sup>

In eastern Nepal, the concepts of *bhut-pret* and *pichaas* were used interchangeably to refer to the ghosts of those who died a bad or unresolved death, particularly death by suicide or accident. Many such ghosts inhabited the locations where they died. For example, a woman had committed suicide by hanging herself in the forest many years earlier, and her spirit haunted that area. Besides those that inhabited the landscape, ghosts could also be evoked, *chalayera* (lit. “stirred”), in order to cause affliction among the living. When people were afflicted, a shaman, *dhami*, would be called to discern the cause through rice divination or through *chinta basne*, a healing procedure in which the ghost causing the affliction would be identified by the *dhami* once he entered into trance, and in eastern Nepal, called his ancestral lineage god, *kul deuta*, into his body (Ghimire 2016; Hitchcock 1976). After the cause of affliction was discovered, offerings of the ghost’s favorite worldly things—cigarettes, alcohol, sweets, cloth, jewelry, fruit, meat, eggs—were promised and later given to appease and repair the situation. In this way, ghostly haunting, *bhut-pret laagne*, in Nepal is markedly different from Derrida’s “hauntology” (Derrida 1994; Good 2012).

It is significant that in Derrida’s definition of the logic of haunting he refers to the ghost of the dead King in Shakespeare’s *Hamlet* as an exemplary figure, for in doing so we discover that the tradition of haunting he works with originates in the Western cultural and historical context (Lincoln and Lincoln 2015, 192). While the English verb “to haunt” is of uncertain origin, it can be traced to both the French *hante* and the Middle English *haunte*, meaning to practice an action or to frequent a place habitually (OED 2019).<sup>6</sup> While the English term reveals the logic of haunting as return, scholars have demonstrated there are different styles and cosmologies of haunting, and thus multiple “hauntologies.” As Lincoln and Lincoln write, those engaging hauntology, particularly in literary fields, generally develop “the trope of haunting without considering how ghosts are theorized by those who take them as something other than metaphor” (2015, 196). While hauntology is a generative approach, this article does not engage ghosts and haunting as a metaphor for the “secret, the hidden, the unspoken, and the unspeakable as qualities of subjectivity” (Good 2012, 519), precisely because it aims to suspend a psychoanalytic theory of the subject that informs anthropological and psychiatric conceptualizations of “mass hysteria” in order to explore the possibility for reconceptualization in dialogue with a Nepali analytic of haunting.

If we think with a Nepali analytic of haunting, we find that *bhut-pret laagne* is not *primarily* understood as a return of the past into the present or a rupture of the unspoken into the

spoken, so much as a form of ongoing relationality with the dead through which affliction can be transferred, can move through a household or community, and can arise from proximity to a space of death. Haunting is focused on transferring affliction and sharing suffering across time and space. To think of haunting as an analytic is not to enter into debate regarding the possibility of spirits, nor is it to view such ghostly incidents as a metaphor for something else. Instead it is to consider *chopne* and *bhut-pret laagne* as concepts that generate a reconceptualization of affliction as relational.

Thirty years ago, Veida Skultans, working in Maharashtra, India, wrote of the ways in which “afflictions can shift from one family member to another” (1987b, 3), particularly among women. Here she described a practice in which women would travel with their family members, who were often afflicted by ghosts, *bhut bhada*, to a Hindu temple known for its healing properties. At the temple, these women would pray that they enter into trance states so “the family burden of illness be transferred to them” (3). Skultans called this “movement of illness between family members” *substitution* (1987a, 674). As women entered into trance and began to take on the others’ symptoms into their bodies, the afflictions of their family members decreased. By suffering willingly for the other in trance, Skultans argues, women were demonstrating love through self-sacrifice.

In the ethnosociology of South Asia, scholars have discussed porosity through the notion of “dividualism” as a way of describing specifically South Asian forms of personhood characterized by fluid boundaries (Daniel 1987; Marriott 1976). In Nepal, forms of vision that affect changes in the bodies of others such as *aakbaa laune*, a desirous gaze, are also intimately related to relationships of jealousy and envy. In the village, rashes, pimples, and unexplained itching were often explained as caused by *aakbaa laune*. Similarly, some said that a compliment could cause suffering, for example if someone complimented your feet, “*kasto ramro kutta*,” later the skin might suddenly begin to crack. *Aakbaa laune* also implies the work of a witch, *boksi*, particularly in cases of unexplained illness, although when asked about witchcraft few were willing or able to discuss it because they feared being accused themselves (see Favret-Saada 1980; Macdonald 1976). In sum, this form of affecting gaze that literally “touches” another speaks to the interrelation of desire, vision, and the porosity of bodies as experienced by many in Nepal and South Asia more generally.<sup>7</sup> In his work among Newars in the Kathmandu valley, Steven Parish connects the discussion of substance, contamination, and incorporation to the question of empathy, suggesting that perhaps “cultural ideas about shared substance may increase people’s ability to experience empathy” (1994, 169). The experience of merging, losing the self in the other, is simultaneously feared and desired, Parish argues, yet being detached and isolated is also commonly understood to be a cause of depression and anxiety (170). While such culturally shaped proclivities for permeability are related to cases of “mass hysteria” in Nepal, they do not determine them as a “culture-bound disorder.” Such cases are not bound by time, space, and bodies as a “culture-bound disorder” might be, for events of “mass hysteria” have and continue to occur, often among groups of women, in diverse cultural, geographic, and historical settings.

Yet, despite its important focus on the question of permeability, a central problem with “dividualism” has been its reliance on the figure of the individual and stages of modernity as its meaningful points of comparison. Alternately, Skultans’ work points us in another direction, that is, towards the way in which affliction may be decentered from the individual and shared and transferred between bodies. A notion of affliction as relational avoids liberal feminist assumptions regarding the relation between power, resistance, and gender (Abu-Lughod 1990, 2002; Mahmood 2005) that are embedded in psychiatric and anthropological conceptualizations of “conversion disorder” and “mass hysteria” (Ong 2010; Sapkota et al. 2014), as well as the dualism underwriting the idea that unconscious desires are “converted” from the mind to the body. In contrast to the concept of “conversion disorder,” a Nepali analytic of haunting is focused not on truth of the body or individual resistance, but the relationality of affliction. By focusing on affliction as relational, it becomes possible to revise our understanding of so-called “mass-hysteria” to account for its shared, multiple, and deindividuated form.

### **Viral Images**

Two days after the girls fell ill in the school on that cold December morning, it happened again. Anjana Adhikari became afflicted in class. She was taken out of the room as her classmates looked on with wide eyes. Ram Sir, her teacher and relative, slung her limp body over his shoulder and carried her to the village store. He laid her down on the cot under the porch, and she fell into a deep and quiet sleep. Soon the other students gathered around. They glanced at her uneasily until they were swatted away by the adults.

Back in the courtyard, people began shouting. Now Kalpana Basnet had been struck, they said. She was carried out of the classroom and laid onto wooden benches. A friend came and took her hand, while others gathered around. A group of students tried to carry her to the village store, but when they attempted to lay her down on the cot outside this time, the drunken owner snapped at them angrily—he was sick of so many disruptions and refused to move. It began to rain lightly. This time Kalpana was taken to the courtyard of the adjacent house. A swarm of students, a teacher, myself, and my research assistant formed a circle around her. Kalpana stood in the center of the circle, her body arched forward, doubled over and shaking. The students surrounding began a public interrogation of the spirit. Led by two friends, Sunita Rai and Gita Basnet (both age 13), who had themselves fallen ill in the days before, the crowd posed questions directly to the ghost who had taken over the body of Kalpana; mostly Sunita and Gita responded. “Sir, all this is happening because someone is making [the ghost] play,” Sunita announced.

Here the story told was one of accusation—in which they accused an unnamed girl of making the ghosts play with the living, *kbelaune*, and causing suffering among the students. To accuse one of making the ghosts play is also to imply the work of a witch, *boksi*, a dangerous and illegal accusation. There was talk of exposure, of secrets, of the need not to “open” things, *kura na kholne*, not to reveal. “Shh!” said Gita to the possessed girl. “Don’t speak a word. If

you will then your own secret will be exposed.” Before this day, images had circulated on the screens of cell phones—a viral video of an accusation in which a woman from a neighboring district was put on trial for witchcraft. “The *dhami* threw a glass of spelled water over her,” Gita suddenly explained to the group, referring to the video, “and after that she started speaking of the things she had done. The next day she hung herself.” “She is just like the *boksi* of Okhaldunga,” Sunita remarked, referring to the unnamed accused.

The woman in the viral video was forced to confess that she had caused suffering in others. After her public interrogation, she committed suicide. Image files and stories of her accusation and death were shared and transferred from phone to phone. As they circulated through the close-knit mountain settlements of the region, they were woven into the affliction and the bodies of the girls, texturing the atmosphere that had formed under the veranda. Occasionally the onlookers erupted into bursts of laughter, punctuating the engrossed absorption in the scene. An intensity had proliferated from the moment the first girl had become afflicted that morning, just as it had that first day in December. In another case I followed in a central Nepal hill settlement, a girl became afflicted during a psychosocial intervention when she heard her classmate sing a sad song for the group. She screamed suddenly and fell off of her chair to the ground where she rolled back and forth for 30 minutes before eventually returning to herself. Once she had become afflicted, it began to spread to others.

In the scene under the veranda, the girls enacted the logic of witchcraft and ghostly haunting. It was unclear if Kalpana was “really” possessed or if she was just pretending. At one point, Sunita and Gita tried to have Kalpana transfer the ghost from her body to theirs, but it didn’t work. When the event finally ended, Kabita straightened herself from her hunched and shaking position and suddenly burst into a broad smile, and everyone laughed. The students left the courtyard and hiked up the path towards their homes. The adults stayed behind, discussing what had taken place. A teacher commented, “Sunita and Gita’s mood seemed different . . . this art, this art they said today . . .” Yet real or not, what happened indicated the logic of haunting and witchcraft and the stakes involved. Witches cause suffering in others indirectly by raising ghosts from their resting places and making them attack the living.

### **The Movement of Affliction**

One night I was called to the home of Aji. When I asked why, I was told that she had appeared as a *pichaas*, a wandering ghost. At the house, the daughter-in-law of the deceased woman had become the ghost and began speaking in the voice of her mother-in-law. I went to the house with Krishna Sir, the school headmaster. We arrived, sat down, and he began to banter with the voice of his deceased great-aunt in the aggressive and playful manner of a seasoned interlocutor. Throughout the conversation, which again proceeded as an interrogation, two intertwined stories played out as a conflict between a *sasu*, mother-in-law, and her *bubari*, daughter-in-law, was slowly stitched into the case of the afflicted girls in the school.

“It has been one year since I’ve died, and I feel *chinta*, worry. I’ve already gone far away,” the voice began. As Aji’s voice spoke through her daughter-in-law, we learned that her daughter-in-law, who came from a wealthy family, had purchased an enviable plot of land in the district headquarters from her parents and had been living there with her husband, Aji’s son. This residency was seen as an embarrassment in a place where women were expected to live in the home of their husband’s family. The voice of Aji said that her daughter-in-law had disrespected her in life and also in death. The ghost then claimed that she had been forced to afflict the girls because someone had evoked the spirits, *chalayera*. But this information was something that should not be spoken about publicly. Again there was a sense of exposure at stake: “Don’t talk, don’t talk. Everyone will hear. Don’t say,” the voice of Aji insisted. Despite this risk, the conversation continued. Aji felt she had been “disrespected in front of the entire village.” She begged those around her not to call her *pichaas*, but to call her Aji, grandmother.

As the conversation unfolded, a new *pichaas* was revealed—the ghost of a Tibetan man from high in the Himalayan mountains who met a violent death in what had become the territory of the village. The voice of Aji said this death occurred in another era, in *Sattayayuga*,<sup>8</sup> a time long before the present when everything was wild forest. The man died far away from his family, his body torn apart by wild animals, with no family to complete the proper death rites. To die alone in the forest, far away from one’s family and from the social world, is to die a bad death. The wandering ghost of the man was offered as a reason behind another sickness in another house, and it was understood that such ghosts must be appeased. In this way, many forms of affliction were attributed to the suffering of wandering ghosts of those who died untimely deaths. “Ah, keep a *dhami*,” said the voice of Aji. “Then he might be well so nothing will happen.”

A few days later, a young man transferred an audio file to me that he recorded on his cell phone. In the recording, the voice of the deceased Newari grandmother, Aji, speaks through one of the afflicted girls. She answers questions posed from the local *dhami* she had accused of raising her from the dead, in front of what seems to be a crowd of people. “Who was there when you were dying?” a man’s voice asks. Aji died a sudden, unexpected, and inauspicious death. She was working in the fields with a Dalit laborer when she fell. On the verge of death, the Dalit woman gave her water to drink, something seen as taboo and polluting. Since this event, the Dalit woman had also died, although her son was present during the spectacle.

Throughout the audio-recorded interrogation, the *dhami* brings up several issues which entangle many members of the community. Aji’s troubled relationship with her daughter-in-law and son “who did not even do her *sradda* (a ceremony performed in honor of the deceased ancestors)” was publicly revealed. The father of the first girl to become afflicted was also accused by the voice of Aji of taking her land to open the road to run through the village. Attempting to appease her, the *dhami* asked, “Can we keep you in a nice stone cave?” The voice agreed and requested that her brother-in-law build her a special resting place and provide offerings to her on the anniversary of her death. The man was present, and he agreed. The voice of Aji promised she would cause no more trouble in the school.

In return, the *dhami* promised, “We will establish a place for you . . . No one ignores you just because you are dead. We will not let that happen.” A month later a *dhami* from outside the community came to the school to perform a large healing ceremony, *chinta basne*, and the affliction ceased. Three hundred people attended. One year later, the girls remained recovered, but another case had occurred in a school in a neighboring community said to be caused by the displeasure of a local goddess.

In spring, I sat with the school headmaster at the edge of his field, and we talked about what had happened in the school that winter. He explained that many ghosts haunt the area, ghosts of people who died by accident or by suicide. As we sat on the hill, he pointed in different directions indicating the location of homes or places where such deaths had occurred. Many such stories were etched into the landscape, and all of their ghosts caused suffering among the living. The landscape itself inspired forms of attunement that disclosed the interconnectedness between bodies and the world (c.f. Throop 2017).

In writing of the ontology of *cen*, the Acholi spirits of the dead in Uganda, Lotte Meinert and Susan Reynolds Whyte describe a form of shared affliction that resonates with the case I have described. According to Meinert and Whyte, in postconflict rural Uganda, *cen* occurs when a person dies a bad and violent death. While from a biomedical perspective, *cen* affliction could be diagnosed as PTSD, such a diagnosis cannot account for how a person might “suffer from PTSD on behalf of someone else” (2017, 281). Because of these observations, Meinert and Whyte suggest “contamination” as a framework different from that of contagion to understand the ontology of *cen*. “Whereas contagion is a process that moves from one body to the other by means of touch, contamination happens in an environment, sometimes as a process of seeping through layers (of soil, souls, and socialities)” (284).

The interconnection between body and world is a key dimension in cases of so-called “mass hysteria” that have been reported across diverse locations. In New York, fears of contamination from exposure to toxic waste dumped in proximity to a school emerged as a critical concern among community members in the highly publicized 2012 case of adolescent “mass hysteria” among high school girls (Goldstein and Hall 2015). In a case study of “mass fainting” among garment factory workers in Cambodia, the author noted that the affliction “tended to break out in factories built on sites that were said to be blighted as Khmer Rouge killing fields” (Eisenbruch 2017, 163). In Nepal, such cases occurred within the territory of the school, with the explanation that the area had become haunted by ghosts or cursed by the displeasure of angry gods and goddesses.

### **Friendship, Relationality, and the Transfer of Affect**

How did the afflicted girls themselves understand and experience what they had undergone? In interviews with girls from this case and other cases across Nepal, they consistently referred to friendship, not hardship or oppression, in their narratives of what had happened. In a district in midwestern Nepal, an afflicted girl explained, “Everyone was identical, our

symptoms were identical,” “*Sabai eutai thiyo, eutai laksan.*” “What was the reason this happened?” I asked. “Because of fear,” she replied. “After looking at a friend. There is no tension. In school it happened after looking at my friends.” “No problem has come in [my] life,” “*samasya aaena jivanma,*” another girl responded, when my colleague, a Nepali psychosocial counselor, asked her about possible causes. Another girl explained “after looking at my friends it came” “*saathibaru berera tespachi aayo*” but “no bad event happened before it,” “*ke gbatana bbaeko chaina.*” In midwestern Nepal, two of the afflicted girls did share family problems and explained that they thought this could be the cause of their *tension*. Yet they also mentioned that a psychosocial counselor had come to the school recently, shown them videos of a similar case, and explained that the affliction was “conversion disorder” caused by *tension*. This indicates the potential for psychosocial interventions to impact subjectivity and experiences of affliction, for such explanations were absent in eastern Nepal, where no such interventions had occurred.

Unlike Michel de Certeau’s description of transmission of possession among a group of seventeenth-century nuns in Loudun through the scent of musk rose (De Certeau 1996, 31), in Nepal the affliction was transmitted through vision, by way of friendship, in which the act of looking at the other in pain produced fear, concern, and affective merging. “It happened after looking at my friends. We were as if one,” “*saathibaru dekhe, eutai cha jasto laagcha,*” one girl told me. As Elizabeth Wilson has argued in her recent work on feminism, psychosomatic illness, and neurophysiology, somatic symptoms are not just metaphors as feminist scholars have maintained but can be “‘actual’ mechanisms for relating to others” (Wilson 2004, 45). As she writes on the phenomenon of blushing, “blushing is an event in which the very nature of muscles, nerves, and blood cannot be separated from the thoughts and actions of another. As such it illustrates the entangled nature of the biology-psychology interface” (76). Building on such a perspective, “mass hysteria” can be understood as a form of relationality, generated by an intensity of embodied attunement to the point that one incorporates and merges with the affect of another<sup>9</sup> (see Csordas 2008; Throop 2008, 2017; Zigon 2018, 91).

In an interview with Sunita, one of the afflicted girls whom I had come to know well during my stay in eastern Nepal, she said “this illness cannot be mass hysteria,” “*Yasto rog mass hysteria budaina.*” “Us sick ones are friends. They are my best friends, we dance and sing together in every school program.” Recently, the Class 9 students had organized an event to celebrate graduation. They raised money to pay the expenses, prepared snacks, wrote and performed songs, and choreographed dances for the school. During the goodbye program, many of the once-afflicted girls performed. Dressed as brides in red, they danced to songs of love and romance. In the village, friendship meant someone who worked alongside another, who helped another, and who one was compatible with, *milne* (Dyson 2010). “You are a friend to me,” “*malaai saathi,*” my *didi*, elder sister would say to me grinning as I stirred a hot pan of spiced potatoes for her or held a flashlight to illuminate her work as she washed the day’s dishes in the darkness of the courtyard. The opening of schools in the village and the encouragement of girls to attend created the possibility for new kinds of friendships to be formed, beyond the boundaries of one’s family or neighborhood *tol*.

At the end of the school year, I encountered a group of girls tearfully clinging to each other. They were sad, they explained, because they would not see each other until after the holidays. In this way, in rural Nepal school had become a unique site of sociality for young women and one that opened up new possibilities for friendship which their mother's generation did not experience. Through a household survey of over 200 households in the village, I found that while most of the adult women had received little to no formal education, their daughters had completed Class 10 and further. Often mothers who had not attended school or who had left school after completing only a few grades would explain ironically, "*bibe pass bhayo*," "I passed the wedding," referring to the main exam, the SLC (School Leaving Exam) which students must pass, although frequently fail, after completing Class 10.<sup>10</sup> Others explained that they couldn't attend school because they had to collect fodder for the animals, "*ghaas katna paryo*," implying that they had to work on the farm. This generational shift in educational access is one reason the most frequent occurrences of such cases are in schools, which are unique spaces of sociality and friendship for young women.

### **Conclusion: The Relationality of Affliction**

The phenomenon of "mass hysteria," which is not specific to one geographic location, confounds assumptions of what an affliction is—it is not bounded within one individual, it moves and travels, it appears and disappears. Instead of approaching this phenomenon as a form of gendered resistance, which is informed in part by the certainty that unconscious desire speaks through the body, we might start instead by thinking with an analytic of haunting. This means that the suffering of one can affect suffering in another, that affliction can move and be transferred between bodies, and that it can arise from proximity to a particular territory. As a form of circulating affliction, "mass hysteria" makes visible the interconnectedness between bodies and the world. As George Bataille writes of such contagious communication, "life is not limited to this ungraspable inner streaming; it also streams outside and opens itself incessantly to what flows or surges toward it . . . words, books, monuments, symbols, laughter are only so many paths of this contagion, of these passages" (2014, 97). Relationality, therefore, refers to an embodied form of relating to the world and to others through sharing affliction. As I described through the ethnography, such sharing may travel along multiple pathways, by way of stories, images, videos, recordings, vision, sound, smell, taste, as a function of proximity, attunement, and quality of the relationship. To approach "mass hysteria" as a form of relationality and heightened interconnectedness between bodies and the world invites a reformulation of a largely pathologized phenomenon.

This argument does not intend to deny the possibility that embodied symptoms diagnosed as "conversion disorder" in Nepal or elsewhere may sometimes, especially in individual cases, be a form of somatization and idiom of distress. Yet the focus of this essay has been to show that prior to such analyses one must be aware of the ontological assumptions of affliction and theories of the subject imported along with the concepts and analytical frameworks one employs to make the link between resistance and embodied experience.

This essay has focused on reexamining the concepts of “conversion disorder” and “mass hysteria” to make visible the ontological assumptions on which they depend and through which symptoms are objectified. We began by deconstructing the concepts of “hysteria” and “conversion disorder” through the phenomenological method of bracketing. Once our assumptions were set aside, we then started again, opening ourselves to previously unconsidered perspectives. This time we tried to think alongside a Nepali analytic of haunting, which, although a “weak” language in the face of Western psychiatric discourse, is far from irrelevant (Asad 1986). Through this analytic of haunting, we refocused our inquiry and analysis away from questions of desire, resistance, and oppression and towards a very different set of concerns. We discovered that an analytic of haunting focused our attention on the relationality of affliction, a central yet previously unexamined dimension of this phenomenon. The approach in this article has aimed to do something different from previous anthropological studies of culture and mental health, that is to move away from questions of cultural difference to explore underlying theories of the subject that inform the psychiatric diagnosis of conversion disorder and anthropological readings of “mass hysteria” as resistance. As such, this article raises a number of questions regarding what kind of theory of the subject we might need to make sense of shared affliction, a question which remains to be answered.

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## Notes

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1. All names changed, but caste and ethnic name markers correspond to the original.
2. For more on anthropology as philosophical concept-work, see (Holbraad and Pedersen 2017).
3. As Laurence Kirmayer and Allen Young write, “somatization is a concept that reflects the dualism inherent in a Western cultural ideology of the person” (1998, 427).
4. Identical observations have been pointed out by Sarah Pinto (2014), who has written on women in North India diagnosed with dissociative disorder, also referred to there as “hysteria.”
5. The common verb *laagne*, meaning literally “to take” but often connoting a meaning of “to make ill,” is frequently used in a similar way to refer to a wide range of affliction, particularly that caused by spirits (Lecomte-Tilouine 1993, 273).

6. The earliest record of the phrase “to be haunted” to refer to a state of being, caused by visitations of ghosts and spirits, is found in the fifteenth-century plays of William Shakespeare (OED 2019).
7. For more on vision, gender, and porosity in India, see Pinto (2008, 141–77).
8. In Hindu texts, *Sattayuga* is translated as “the era of truth.” It is the first of four *Yugas*, and known as a time of humanity. The final Yuga is the *Kaliyuga*, “the era of vice.”
9. For related debates and positions on intersubjectivity, Husserlian mind-body dualism, and relationality see Jason Throop on empathic attunement, intersubjectivity, and imagination (2008, 2010), Thomas Csordas on intersubjectivity as intercorporeality (2008, 119), and Jarrett Zigon on empathic attunement as awareness of “relational-being” (2018, 92).
10. Without passing the SLC, one is barred from continuing one’s education and is shut out of receiving a salaried job in Nepal.

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