GURUS AND HEALING

Amma (Mata Amritanandamyi) at the intersection of miracles and medicine

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Introduction

Much lore surrounds the healing touch of saints and gurus.¹ In India’s ancient period, healing was understood to be one of the principal qualities of religious exemplars (Kakar 1982). If religion is at its root a form of crisis management (Riesebrodt 2010), the fundamental human crises of illness and death and the religious solution of healing through faith or miracles should be deeply connected—and that is indeed the case (McGuire 2008: 119–158). In India, although few gurus overtly claim to have healing abilities, amazing and miraculous stories often circulate widely in the devotional communities of contemporary Hindu gurus. For example, Paramahansa Yogananda’s famed twentieth-century book, Autobiography of a Yogi, supplies multiple accounts of yogis who could heal because of the spiritual acumen they had acquired from performing tapas, or austerities (Yogananda 1946). As I have written elsewhere, gurus are believed to possess a special power or energy (śakti) that they radiate and can transmit at will (Lucia 2018). Thus, even being in the presence of a guru is often understood to have efficacious powers that can induce various types of blessings and healing.

In guru movements, all activity within the movement is believed to be generated by the guru’s grace, and by the guru’s grace alone. This is certainly the case with a contemporary global guru like Amma (Mata Amritanandamyi), who is understood to be an avatār-guru, a divine incarnation of the goddess on earth.² In what follows in this chapter, I first address how Amma’s unconditional darshan embrace becomes a public performance that rejects caste hierarchy and a means of healing social inequities based on prejudice. The second section focuses on devotees who enter into Amma’s embrace and encounter experiences of emotional healing. The third section demonstrates how Amma’s darshan becomes interpreted as one that can be physically healing for those suffering severe illnesses and disabilities. The fourth section highlights Amma’s more tangible interventions into healthcare through her hospice programmes, Amrita Institute for Medical Sciences (AIMS) hospitals, and Ayurvedic clinics. In drawing these four facets together, in conclusion, I argue that Amma’s interventions into healing are multidimensional, seeking to build a complementarity between social reform, unconditional compassion, advanced medical care, and surrender to God. This faith-based medical approach does not solely rely on Amma’s physical embrace as an independent healing agent, but recognizes its relation to that which can be achieved through scientific advances and to that which
is beyond human control. As such, Amma’s simultaneous, and multifaceted interventions into the intersectional territories of social, emotional, and physical health exemplify the mutual entanglements and interconnectivities of religion/s and medicine/s.

Amma as healer: communally-generated narratives

In her exalted position, it would be potentially dangerous for Amma to make direct claims to have healing powers—and, unsurprisingly, she does not do so. But communally-generated narratives offer oft-repeated, fabled stories of miraculous healing events that occurred due to her presence. These stories reinforce Amma’s reputation as a superhuman figure with the capacity to heal. They enable her to avoid the dangerous business of promising healing, while offering hope for the potentiality of a healing miracle to those who are suffering. The circulation of such narratives also builds her following by bolstering notions of Amma’s divinity, thus augmenting hope for the possibility of a miracle occurring in her presence, because of her grace.

I conducted ethnographic field research among Amma’s devotees between the years of 2004–2014, with peak years in 2006–2008. Most of my research occurred in the United States among both inheritors and adopters of Hindu traditions, and included weekly participation in my local satsang (congregational gathering) and several years attending programmes in multiple cities during Amma’s US tours. On 4 July 2008, I was sitting with Pithambara, one of Amma’s veteran devotees, during Amma’s free-to-the-public darshan programmes in Chicago. On this night, there was excitement in the air as the assembled musicians sang bhajans (Hindu devotional songs) while the thousands seated inside the decorated hall repeated their refrains. Outside the hall, the Information Table was quiet and Pithambara regaled me with stories of Amma and her devotees. He has a wealth of historical knowledge and he recognized many of the attendees who were wandering the halls. It was in the midst of one of these moments of reprieve that a beautiful, thin, twenty-year-old Indian woman walked by wearing a fashionable, pressed, embroidered salwar-kamiz. Her hair was tied back in a loose braid and her beautiful complexion shone radiantly.

Pithambara pointed her out to me and told me that her parents first brought her to Amma when she was an adolescent because she was very, very sick. Her parents weren’t sure what was wrong with her and were afraid that her multiple medical conditions would surely prevent her from marriage and a fruitful life—she might even die. Her skin was peeling all over and she suffered terrible eczema. She was unable to maintain a healthy weight, and some days she was even unable to walk. Hers was a strange and unidentifiable condition and there seemed to be no hope; medical doctors could find neither a cause nor a cure for her suffering. But, by Pithambara’s account, when she met Amma she cultivated an extraordinary faith and gradually she started to show signs of improvement. Amma drew her close and gradually the girl’s illness subsided. By Amma’s grace, today she is healthy, beautiful, and married, with a successful career, and she remains an ardent devotee of Amma. Devotees frequently share communally-generated narratives of this kind, which reinforce their collective convictions in Amma’s divinity.

Amma’s ascent to the status of global guru through her darshan embrace

Amma’s devotees regard her as an avatār-guru, a divine incarnation on earth. She interacts with the general public primarily through public darshan programmes, wherein she has shared
In Hindu traditions, darshan is the act of seeing and being seen by God. Darshan occurs whenever one encounters an embodiment of divinity on earth, whether by viewing a murti (divine image) in a temple or street shrine or by viewing a guru believed to be divine (Eck 1998). In Amma’s global guru movement, she hosts public darshan programmes wherein she individually embraces all attendees, one-by-one, in a process that can take anywhere from six to twenty hours. Notably, Amma conducts this process without interruption for any of her personal or biological needs. In the ten years that I consistently attended her darshan programmes for field research, I only ever saw her leave her seat during the lengthy programmes once. Many devotees understand her performance of these extraordinarily taxing physical performances, daily and over the course of several decades, to be evidence of her divinity.

Amma’s hagiographies recount that her signature hugs began when she felt extraordinary compassion for those who were suffering in her natal village of Parayakadavu in Kerala, India (Amritaswarupananda 1988). There, even as a child, she began to console and embrace those who were suffering in an act of compassion. Because of her low-caste background, her unconditional embraces radically defied traditional Hindu brahmanical boundaries of purity and pollution wherein low castes were disallowed from physical contact with those above their social station. To compound the issue, gender conventions enacted in Hindu cultures would strictly forbid a woman to have such overt and indiscriminate physical contact with strangers. Nevertheless, Amma eventually developed her public persona until those who were suffering began to approach her to receive her embrace. The number of people who sought her embrace expanded rapidly, and many believed they found comfort, solace, peace, happiness, spiritual transformation, and healing through her maternal touch. The physicality of Amma’s embrace has become the most distinctive feature of her persona and her mission. For this reason, analysis of the intersections between healing and Amma’s unconditional embrace provides fruitful entry into the ways in which modern biomedicine intersects with contemporary guru religions.

Amma, the Malayalam term for mother, positions herself as the Divine Mother and her followers as her children, a theological move that is not uncommon among contemporary female gurus. But Amma’s process of giving darshan in the form of a physical embrace subverts traditional Hindu norms of caste and gender hierarchies, particularly because she was born as a low-caste, dark-skinned female. The physicality of her maternalistic darshan embrace democratizes the darshan experience in several ways: it enables all participants to attain the most intimate proximity to the guru and it publicly thwarts Hindu strictures of purity and pollution that have maintained practices of untouchability and gender segregation.

In fact, one devotee correlates Mahatma Gandhi’s rejection of the Hindu practice of caste ‘untouchability’ with Amma’s darshan embrace, arguing that framed positively both leaders advocate ‘touchability.’ She writes, ‘Touchability means removing the false sense of separation between our hearts and the rest of the Creation’ and concludes that Amma:

is perhaps the most touchable person on the planet. From her internal vision, she tells us: ‘The universe is one, not many. Man has divided the world into fragments, not God. It is man, who, through his thoughts and actions, creates turmoil and disintegration in the natural, harmonious unity of the world. Each atom serves as a building block of this universe and is intrinsically connected to every other atom.’

(Willey 2010: 451–460)
Amma’s public *darshan* embrace invites a new paradigm of devotion, one that calls for the compassionate recognition of our ‘unity in diversity’ and our common humanity (Amritananadamayi 2017). It does so by ritualizing bodily contact among strangers (even those of different genders and castes) from within the confines of a culture that carefully guards physical contact and corporeal boundaries as potentially dangerous arenas for bodily pollution.

Although a hug between strangers may seem relatively commonplace in the West, physical contact between strangers is quite uncommon in India. As Dhara, a young Indian female devotee, exclaimed, ‘We [Indians] don’t touch!’ Such cultural conventions are derived from long-established traditions that locate social and bodily boundaries as contested spaces through which to exert and maintain caste hierarchies. Caste hierarchies and the maintenance of female chastity are intimately related in the conventional Hindu prohibitions against bodily pollution. As Mary Douglas writes, ‘through women the blood and purity of the caste is perpetuated. Therefore their sexual purity is all-important, and every possible whisper of threat to it is anticipated and barred against’ (Douglas 2002: 178). In the Hindu societal norms of a century ago, Amma, as a low-caste woman, would be relegated to social relations with those of a similar social station (caste), forced to restrict herself to particular servile forms of employment, and banished from public forums and physical contact with upper-castes. Though Article 17 of the 1949 Indian Constitution formally outlawed the practice of untouchability (designating classes of people as impure, servile, and thus ‘untouchable’), the stigmatization of low-caste and scheduled castes12 or *dalit* populations (formerly termed ‘untouchables’) persists. Amma’s public solicitation of hugs from strangers marks a radical usurpation of Indian societal norms for female behaviour and caste relations. No other guru (let alone a low-caste female guru) engages the breadth of global populations (the healthy, sick, old, young, rich, poor, dirty, clean, mentally ill, and so on) with this level of physical intimacy.

Amma not only gives unconditional embraces, but she does so publicly. Her famed *darshan* programmes challenge conventional Hindu social hierarchies on an international stage. She intentionally embraces the sick, the dirty, and the mentally ill of all castes and creeds without outward concern for her personal safety and cleanliness. At the close of *darshan* programmes, Amma exits the hall wide-eyed and electrified, with a broad smile, but the shoulder of her white sari is usually stained a medium brown with translucent edges encompassing smudges of red, pink, and black from the oils and residual makeup of thousands. Her right cheek bears a darkened impression from the thousands of hugs she delivers each day and night. While her attendees encourage devotees to wipe sweat and makeup from their faces and dreadlocked attendees must cover their hair with shawls, still Amma embraces all of humanity regardless of their appearance, hygiene, caste, class, age, or gender. One devotee account praises Amma for her public defiance of these Hindu structures of social inequity saying, ‘In front of her outpouring of pure *Ahimsa*, the conditioning of caste simply does not exist. Her *darshan* queue has no social distinctions. In front of her, caste is a moot point, an archaic thought form, from an era when people did not realize they were all children of the same Mother’ (Willey 2010: 460). Devotees follow Amma as an international spiritual leader and humanitarian dissociated from Hindu mores, but they also simultaneously view her as a Hindu reformer who challenges historical paradigms that do not resonate with their modern democratic sensibilities.

**Amma’s *darshan* embrace of infectious attendees as an expression of unconditional love**

The documentary film *Darshan: The Embrace* (Kounen 2005) begins with the opening scene of Amma licking and sucking the pus from the wounds of Dattan, a leper who frequented her
ashram at Amritapuri to take her darshan, which he believed to have healing properties. When questioned about him, Amma responded:

Mother sees him in the same way as she sees you or anybody else. He is also my child. How can a Mother feel loathing or hatred when she sees her son or daughter, however ugly or badly diseased he or she is? In fact, Mother has a lot of compassion and love for him. Mother’s heart melts when she sees him.

(Amritaswarupananda 1991: 196)

Unlike Catherine of Sienna, who famously drank pus in a compulsion to service through her own suffering (Bynum 1987: 172), Amma drank the pus of this leper to model the extremities of unconditional love while emphasizing equanimity as the means to transcend hatred and aversion.13 In her discussion of her behaviour toward Dattan she advises, ‘Children, let your minds open up fully and contain love with all its fragrance and beauty. Hatred and aversion will only make it look ugly. Love towards everyone gives real beauty, enhancing both the giver as well as the receiver’ (Amritaswarupananda 1991: 197). Therefore, healing is not the only intention behind her attention to illness and disease. Her darshan embrace becomes an expression of unconditional love, compassion, and recognition of collective shared humanity.

Br. Dayamrita Chaitanya, head of Amma’s international headquarters in San Ramon, California, recounted his personal experience of witnessing this transgressive event at her ashram at Amritapuri:

I went back to see her a second time and it was this time that I saw Amma licking a leper, the leper, you know Dattan the leper, with my own eyes and that is what transformed my life, really. It was when I saw her compassion, when I saw her love I realized that I have never seen [that] in any other human being. And that to show so much compassion to another human being—through her own interactions is what drew me, changed [me], and blew my mind. And even today that is what I see in her.14

The stories of Amma’s interactions with Dattan are legendary throughout her community of devotees. They serve as an example of Amma’s unconditional love and compassion for all people, her disregard for her own personal safety, and even her divinity (in that she did not contract the highly-contagious disease). From another perspective, they also demonstrate Amma’s intentional thwarting of traditional Hindu conceptions of social hierarchies and the ritualistically enforced boundaries demarcating purity from pollution. Hindu concepts of purity and impurity are often closely connected to notions of bodily integrity and the boundaries of the physical self. Those substances that flow over the boundaries of the body are dangerously polluting: ‘violations of the boundaries of the body, such as menstruation, elimination, wounds, and mutilation, create impurity (Frédérique Apffel, cited in Urban 2009: 55). Amma amplifies her subversion of these prohibitions by intentionally transgressive exchanging bodily fluids with those deemed impure. Her overt confrontation with the historical socio-religious prescriptions of brahmanical orthodoxies attempts to call into question and rectify social inequalities through her public performances of darshan.
Emotional healing

In Judith Cornell’s account, on 15 May 1987, Amma turned to her tearful devotees at her home ashram, Amritapuri, as she ventured forward on her first world tour and said:

It is for the benefit of all the crying souls out there that Amma is traveling. Those who live in other countries are also Amma’s children. It is to soothe their pain, to alleviate their sorrow, and to show them the eternal light that Amma is going abroad.

(Cornell 2001: 195)

Since 1987, Amma has maintained an extraordinary schedule, touring incessantly, hosting two and three-day *darshan* programmes in cities around the globe. Crowds in the tens of thousands in each major metropolitan area queue in long lines to receive her *darshan* embrace during full-day and all-night public programmes. When asked about the rationale for her tireless schedule of comforting embraces, Amma often gives enigmatic answers. Many devotees recount the story that once, when a BBC reporter asked her why she hugs people, she said, ‘It is like asking a river why it flows. That is my character. My karma (destiny) is to console those who are sad’ (Haviland 2003). There is also an apparent urgency to Amma’s mission to hug as many people as possible. The schedule she keeps is relentless and many tour staff members who try to keep up with her find themselves physically and emotionally depleted, unable to match her endurance. But Amma seems to be driven to expand her reach ever further, to connect with ever more people whom she feels need her comforting embrace.

She is correct, in that many attendees come to Amma’s *darshan* programmes with the hope that she will comfort or cure their emotional trauma with her *darshan* embrace. They approach Amma often with serious problems: they carry the burdens of sick, unemployed, or unmarried children, they are worried about new life-decisions, schooling, business ventures, or career. They come to Amma concerned about the past, the present, and the future; they come to Amma for blessings for themselves and others. Some attendees approach Amma with photos and written explanations of their troubles that they pass to her immediate attendants. Although the *darshan* queue can be a fast-paced event when there are large crowds, at slower times, devotees take the opportunity to tell Amma of their troubles and ask for her advice. Formalized question-and-answer lines are also staples during daytime *darshan* programmes, wherein devotees ask Amma for lengthier engagements with their troubles. Sometimes, if a devotee approaches Amma with a significant question or concern, she will invite them to sit next to her and with the help of her attendant translators, she offers advice as she embraces others in the *darshan* queue. Even if she does not attend to their problem verbally, most welcome the invitation to sit by her side or close to her on the stage. They believe the radiance of her presence and the permeation of her divine power will provide them with the blessings, healing, epiphanies, and solutions that they are seeking.

Devoted *satsang* attendees are usually invited to do *sevā* (selfless service) in the role of *prasād* assistants during Amma’s public programmes in their home city. *Prasād sevā* requires the devotee to sit just to the side of Amma and gently place the right kind of *prasād* in her outstretched hand so that she can deliver it to the persons receiving *darshan*. In the numerous times that I performed this *sevā* during my field research, I found it a very intense job. It involved counting how many people in a group were approaching Amma, collecting the correct *prasād*, and perfectly timing an opportunity to place it in Amma’s outstretched...
palm. It was particularly difficult to maintain focus and precision in the tumultuous energy at the locus of Amma’s *darshan* embraces. The many who placed their heads against Amma’s chest during *darshan* and were tearfully overwhelmed was arresting and it was easy to become distracted by the emotional catharsis of the *darshan* experience. Simply put, many, if not most, people sobbed wretchedly in Amma’s embrace. It was commonplace to witness extraordinary moments of emotional catharsis and heart-wrenching release as people unburdened their troubles and experienced what they identified as Amma’s expression of unconditional love.

When I asked Br. Dayamrita Chaitanya about whether Amma’s *darshan* embraces were healing, he responded:

> Of course. That is the healing factor of love. You know . . . I talked to one of the residents at the ashram and he told me that Amma entrusted him with—at least now in the last four to five years—about fifty or so mental patients, out of which forty or so were highly suicidal and he told me that the only cure for their disease was Amma’s love—the attention that Amma showered on each one of them. They are holding on just because of the love that Amma gives to each one of them. So, do you think that it is healing?

This is a typical example of the blending of medicine and Amma’s divine interventions that so often occurs in Amma’s movement. Amma may instruct devotees to undergo biomedical procedures or psychiatric treatment programmes, but ultimately, devotees believe that any healing is a direct result of Amma’s grace. Devotees recounted countless stories of times in which they surrendered their troubles at her feet and consoled themselves in her loving embrace, whether they sought to cure serious illness, heal emotional trauma, or simply to be comforted in the arms of the Divine Mother.

**Physical healing**

In addition to emotional catharsis, many devotees often told me stories of physical healing they understood as brought about by Amma’s grace. As I collected these stories, I interpreted them primarily as evidence of the narrators’ extraordinary faith in their guru. I never investigated their veracity and, as mentioned previously, Amma never directly makes a claim to be a healer. Instead, those surrounding her relate their experiences as evidence of her ability to heal, leading to communal narratives, which circulate and give hope to those desperate in confrontation with severe illness. Even without hearing these communally-generated narratives of Amma’s capacity to heal through her embrace, many who suffer grave illnesses appear at her *darshan* programmes because they seek out a wide variety of healing options. One attendee, whose sibling was severely disabled, told me how her parents had taken her and her sister to countless healers, gurus, and religious figures with prayers for a miracle. For the religious, a miracle from God, or the goddess incarnate, is always possible.

The evidence of devotees’ faith in the healing capacities of Amma’s embraces lies in the numerous severely disabled people who routinely attend her *darshan*. There are always lines of severely disabled people who are wheeled before Amma in expensive wheelchairs, often by friends and relatives, praying for a miracle. Many devotees report narratives of miraculous recoveries due to Amma’s grace. But even if the wheelchair-bound children who arrive at Amma’s *darshan* programmes never walk or talk, their parents can find comfort in Amma’s embrace as they attain a momentary release of their heavy caregiving burdens. They are
sustained by Amma’s attention to their severely disabled loved one, and their faith in the power of Amma.

As they approach her, one-by-one, for their darshan embrace, it is difficult for observers not to wrench with empathy—both for the afflicted and their caregivers. But this empathy with the afflicted is usually intertwined with love and admiration for Amma’s compassion. For example, in 2008, in the midst of the bustling darshan programme in San Ramon, California, a medical van arrived outside and personal assistants assisted Jason, a young man with Amyotrophic lateral sclerosis (ALS or Lou Gehrig’s disease), to enter the darshan hall of the ashram. He arrived lying flat on a portable medical bed accompanied by necessary ventilators and medical accoutrements. Guided by special needs assistants on tour staff, he was carefully wheeled to the centre of the darshan programme until he reached Amma’s feet.

In response, Amma stood up from her low seat for the first time after several hours of continuous darshan embraces and began stroking his entire body with her hands. Slowly and deliberately, she leaned far over, running her hands delicately over each of his limbs, his hands and feet, and his torso. Finally, she affectionately stroked his face and attentively applied sandalwood paste to his forehead, all the while patiently and carefully murmuring affections and blessings over him. The assembled audience watched intently at her maternal care and concern. Tears streamed down many of the observers’ faces at the possibility of such unadulterated love and compassion. After having come to Amma’s darshan in this manner many times in increasingly severe states of bodily degeneration, Jason wrote about his first darshan experience with Amma ten years prior. At that time, he was confined to a wheelchair, which he could propel largely by himself. He recounted that initially he was determined to remain strong and not to weep in Amma’s presence. He explained that it was not the unconditional love and attention that she devoted to him that first brought him to tears, but instead it was his father’s darshan experience that moved him to his core. He wrote:

It was awesome but I didn’t cry so I thought I was safe. But when I wheeled back a few feet and saw her hug my father, I lost it. To see someone treating my big, bad, tough, smart father like her little boy was pretty neat. He didn’t have to be the responsible one for a minute. He could just lay in Amma’s lap and get loved. Then I thought that she does this for millions of people. And not only for that minute does she take our burdens if we let her. She will take all our burdens regardless of how good or bad we think we are. She looked at me [as I was] crying with such an understanding face it melted me.

(Becker n.d.)

In many ways, unshouldering burdens at Amma’s feet defines the darshan experience, even if there is no medically verifiable cure as a result: Jason continues to suffer from ALS.

In practice, Amma routinely gives special attention to those who are suffering serious illnesses and there is a sense among devotees that being in Amma’s presence and taking her advice will help. For example, in 2008, during a Devī Bhāva darshan programme in San Ramon, I approached Amma with my own significant medical problem. I wasn’t convinced that she would fix it, but I was certain it couldn’t hurt. I approached her with a copy of my ultrasound, and she held it, looked at it, and listened intently while her attendees translated the situation to her. She didn’t offer any advice, but she shook her head with a compassionate gaze, held me tight in her embrace, gave me an apple as prasād, and invited me on stage to sit next to her for the remainder of the night. In 2014, Bindu, one of my undergraduate students, told Amma of a significant health concern during her darshan embrace (without my knowledge).
Several months later, one of Amma’s brahmacarini-s emailed me to ask for the student’s contact information because Amma had inquired about her. In the end, both of our health concerns were cured. It is a matter of faith and perspective as to whether one traces those cures to Amma’s interventions, to our biomedical treatments, or to some combination thereof.

**Tangible interventions: lifestyle changes, Ayurveda, and biomedical treatment**

More tangibly, Amma also encourages lifestyle changes and Ayurvedic and biomedical treatments in response to illness and disease. When Margo, a middle-aged, female devotee, asked Amma whether she should undergo gastric bypass surgery in order to lose weight, Amma responded with the single English word, ‘Move!’ which Margo understood to be Amma telling her to exercise more. A Vedic astrologist (jyotish), an acupuncturist, and an Ayurvedic doctor also accompany Amma on her international darshan tours in order to provide services to attendees. The Vedic astrologist may prescribe the sufferer to wear a certain stone or to avoid certain behaviours in order to alleviate suffering. The acupuncturist and the Ayurvedic doctor both perform treatments, prescribe herbal supplements and tinctures, and advise on diet and lifestyle during Amma’s darshan programmes.

Outside of her darshan programmes, Amma has concentrated her efforts on establishing medical facilities aimed at providing high-quality medical care at free or reduced costs. Her primary ashram at Amritapuri in Kerala supports an Ayurvedic clinic where clinicians evaluate patients and prescribe Ayurvedic regimens, including herbal remedies. She has also established Amrita Hospice, offering palliative care to cancer patients (opened 1995); Amrita Institute for Medical Sciences (AIMS), a multi-specialty biomedical hospital in Kochi (opened in 1998 and expanded in 2003), with colleges of medicine, dentistry, and nursing); Amrita Kripa Hospital in Wayanad, Kerala (opened in 2004); a biomedical research centre and an Ayurvedic medical college, hospital, and research centre at Amritapuri Campus at Kollam (opened in 2004); Amrita Kripa Hospital in Mysore (opened in 2007); and the Amrita Institute of Medical Sciences & Research Centre in Faridabad, just south of Delhi, opened in 2016 (Pandya 2017: 138).

Medicine has become an important field for contemporary sevā-oriented gurus. Medicine has extraordinary potential to augment and expand gurus’ reputations, as those who are cured of illness at gurus’ hospitals often attribute the cure, in some part, to the guru’s grace. Thus, establishing effective hospitals has the potential to further the guru’s reach and expand belief in his or her divinity. Embracing the World, the humanitarian branch of Amma’s organization, has produced several promotional videos and pamphlets wherein former patients express their gratitude and devotion to Amma because they or their loved ones were cured at an AIMS hospital.19

**Gurus in the medical field**

Support for Ayurveda is often perceived as a form of support for and allegiance to India’s rich national heritage (see Warrier, this volume). Many contemporary gurus support Ayurveda by hosting Ayurvedic doctors and clinics on their ashram grounds. Some even sponsor Ayurvedic products and product lines. The famed yogi-guru, Baba Ramdev, has even gone so far as to produce his own line of Ayurvedic products (Crair 2018). While many Indians are beginning to question whether the billionaire guru detrimentally commodifies India’s spiritual culture (Worth 2018), few question the legitimacy of Ayurveda as an important cultural context for
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healthy living. Most Indians would see a medical doctor about a heart condition, but many also hold Ayurvedic medicine to be beneficial traditional knowledge. By supporting Ayurvedic wisdom alongside biomedical advances, contemporary gurus demonstrate pride in India’s cultural legacies and their forward-reaching strategy for India’s advancement into the future.

In his work on religious movements that organize massive public blood-giving camps, Jacob Copeman notes the increasing medicalization of guru *sevā* through hospitals, medical colleges, and Ayurvedic institutes (Copeman 2009: 1). Copeman argues that this medicalizing trend may be related to new trends in religious reform, wherein spiritual ‘uplift’ is expanded beyond individual aims to benefit all of society. He writes,

This disposition has had an impact not only on giving practices but also on a series of interlocking social phenomena which have all been subject to reformist redefinition: the concepts of *seva* (selfless service), *sannyas* (renunciation) and *dan* [giving] have all undergone or are undergoing similar centrifugal movements from being targeted toward specific people’s material or spiritual statuses to mass social uplift and society in general.

(Copeman 2009: 56)

Gurus are now some of India’s greatest benefactors, and as they expand the notion of *sevā* to encompass service to humanity there are significant impacts on the guru’s position in Indian society, the Indian government’s role in providing social services, and the general population’s conception of the relation between religion and government.

Many of India’s most influential contemporary gurus have so deeply invested in humanitarian, infrastructural, and social services initiatives that scholars consider contemporary gurus’ *sevā* initiatives to be a ‘holy alliance of the state, corporates, and *mathas*: a new PPP (public-private partnership)’ (Ikegame 2012: 51). Such partnerships have insured that contemporary gurus are granted increased influence in social service matters traditionally managed by the secular Indian government. Some critics are concerned that if Hindu-derived guru-led organizations administer social services for the Indian government, they will exert undue Hindu influence on national politics, creating new forms of ‘guru governmentality’ (Pandya 2016: 88).

Partnerships between the current BJP-led Indian government and Hindu-derived guru-led organizations are reciprocal and mutually beneficial. Within such partnerships, the guru-led organizations provide the Indian government with much needed assistance with infrastructure and social services (hospitals, schools, orphanages, road building, environmental clean-up, disaster relief, and so on). In response, the guru-led organizations earn public trust and social capital as a result of publicly visible relationships with high officials in the national government and state-sanctioned social service campaigns. Government officials are also aware that these partnerships have the potential to be beneficial during elections. Indian media outlets have referred to some celebrity gurus as ‘ballot babas,’ in recognition of the fact that these gurus have the ability to sway tens of thousands of Indian voters toward their preferred political candidate. Critics have noted how these new forms of guru governmentality not only influence electoral politics, but they also ‘saffronize’ (Hindu-ize) governmental social services, making these services less accessible for religious minorities (Billig 1995; Ikegame 2012).

The medicalization of the guru field not only makes indirect claims about the healing powers of the guru, but it has the potential to significantly saffronize access to medical care in India. Amma has been a seminal contributor to humanitarian and social service campaigns in India. One might even regard her as having contributed to this shift in the socio-cultural role
of the guru from a local religious teacher to a global humanitarian. Amma has established universities, orphanages, hospitals, and has contributed extensively toward environmental campaigns, disaster relief, and economic empowerment for the poor (with a particular focus on women’s empowerment). She leads but is not alone in such endeavours. In fact, so many contemporary gurus are so deeply involved in the medical fields that Samta Pandya has argued that, ‘For the devotees guru seva is manav seva (service to the guru is service to humanity) and its corporeality persists in a newer domain of the medicalized gifts (health camps) such that we might begin to speak of a biopolitics of devotion’ (Pandya 2017: 15–16, my emphasis).

Conclusion

In Savitri Bess’ account of her devotional journey with Amma, she writes of a time when she suffered from extreme asthma and bronchitis while staying at Amma’s ashram in Kerala. She describes visiting Amma’s Ayurvedic clinic and being prescribed six-weeks of panchakarma, which included ‘a unique system of treatments that for me was to include drinking ghee, vomiting, nose oil inhalation, herbal massage, oil bath, rice pudding bath, purge, and enemas’ (Bess 2000: 271, see also Langford, this volume). She had difficulty with the regimen, and after struggling to maintain it, she sought Amma’s counsel during darshan. She writes,

I took a note up the darshan line, written in her native tongue, telling her I’d had difficulty with the ghee . . . and should I continue my treatment program? As Ammachi held me in her arms, I heard her talking in a serious tone, sensed she was receiving a more detailed account of the incident from the nurse/translator. My body began trembling with fear; I tried to pull away, to flee, but Mother held me fast, an iron grip. It seemed like forever. Finally I relaxed on her breast, and she loosened her hold. Then she lifted me, looked at me with eye of a doe, watery and tender, and said, through the translator, ‘Child, you look so much better after only three days of panchakarma. Finish the program.’

(Bess 2000: 273)

From my research experience, this recounting of a darshan experience with Amma when she is asked to address a serious medical challenge is absolutely typical. Devotees approach Amma with a note that explains a difficult situation that they are experiencing. That note is then read by one of Amma’s attendees, who communicates with the devotee to elaborate on and translate the situation. Amma then conveys her advice to the devotee—all the while the devotee rests in Amma’s embrace. In Bess’ case, she understood Amma’s advice to her during darshan as a suggestion for her to surrender to the panchakarma programme, and to surrender to Amma’s will. She continues,

In actuality, it did take a certain amount of faith to do what Ammachi advised. Even the practice of surrender required me to believe it would help me toward the goal, which at the time had more to do with relief from physical suffering than with self-realization. Over the six or seven weeks of the extremely intense panchakarma program, my mind teeter-tottered back and forth, balking, then crying uncle, over and over again. In the end it was obvious—neither the doctors nor I were in command. All health methods had failed. My only refuge was opening my heart to the divine, to
the genuine understanding that the only recourse was surrender. Then came the grace of unconditional love.

(Bess 2000: 277)

In Bess’ view, her eventual healing was catalyzed by Amma’s advice and her *darshan* embrace, but it was complemented by the careful adherence to a strict Ayurvedic treatment regimen and the recognition of the importance of surrender to ‘the grace of unconditional love.’

This largely reflects Amma’s own multidimensional perspective toward healing. Although some devotees attribute their miraculous healing to Amma’s grace, Amma makes no such claims. Instead, through her public *darshan* programmes, she focuses her efforts primarily on initiating social reform by revealing the violent inequities of caste stratification and prejudice. At the individual level, through each *darshan* embrace, she aims to alleviate emotional suffering through compassionate and an expression of unconditional maternal love. When devotees present her with a physical illness or disease, Amma listens intently and may grant the sufferer augmented proximity to her person, but she also tends to suggest practical solutions that engage lifestyle changes or Ayurvedic and biomedical treatments. However, Amma’s view also resembles that of the most religiously devout, who believe that no healing is possible without surrender to God. This faith-based medical approach requires devotees to spend as much time in Amma’s presence as possible, to seek out the best forms of treatment, to follow medical prescriptions and guidelines, but ultimately, the most important aspect is their surrender to both the guru and God, so that they may be healed.

Notes
2 Many devotees understand Amma to be an incarnation of the fierce Hindu goddess Kali, but she is also interpreted as an incarnation of the benevolent Hindu goddess Lalitā. Lucia 2014: 76–106.
3 Direct claims of healing are dangerous because the diseased or ill may not be cured as a result of Amma’s interventions. The conventional ashram explanation tends to invoke karmic theory, arguing that devotees suffer to burn off negative karmic merit or that their afflictions enable other to build karmic merit through compassion. Nuckolls 1992.
4 For more on ethnographic methodology, see Lucia 2014: 25–33.
5 This is a difficult figure to estimate, and in fact, this figure of 33 million has been circulating in the press since 2013, though Amma has continued her *darshan* programmes nearly daily since then. Thackray 2013.
6 In 2014, at Amma’s *darshan* programmes in Los Angeles, Amma left her *darshan* seat and the *darshan* queue stopped inexplicably for a period of about ten minutes. In her absence, a hush drew over the crowd, as many, like me, had never seen this occur previously.
7 The term *brahmānical* refers to a class of people at the top of Hindu society, which is traditionally stratified through intersectional identities of caste and vocation. Brahmins are a priestly class, to whom an entire genre of scriptures is attributed and whose authority stems from the careful maintenance of class boundaries through intricate rules regulating purity and pollution. Michaels 2004: 38–43, 160–175.
8 Lucia 2014: 7. For the hagiographical account of how Amma’s *darshan* embraces became systematized, see Amritaswarupananda 1988.
9 This section is adapted from Lucia 2014: 50–55.
10 As mentioned, Amma comes from Kerala, India, where the vernacular language is Malayalam.
12 Scheduled castes, also called dalits, are low-caste Hindus who fall below the four primary caste classifications. For more on the social impacts of caste in contemporary India, see Vishwanath 2014.

13 Keralan myths also reference the licking and drinking of puss to cure smallpox. In the legend of Dārikavadham (the traditional Keralan theatrical performance of the goddess Bhagavati), Kali is cursed to be stricken with smallpox. For curing this smallpox, Ghantaakarnan (Kali’s brother born from Shiva’s ear) licks Kali’s entire body (but not her face). Caldwell 1999: 20.


15 At her primary ashram headquarters outside of India, such as in San Ramon, California, Amma hosts darshan programmes for five to seven days. See ‘Amma’s North American Tour 2019.’ Available at: https://amma.org/meeting-amma/amma-north-america-tour.

16 Prasād is a food substance given to a deity, which is then returned to the devotee as a blessed offering. The auspicious blessing is believed to inhere in the food substance and transfer those who ingest it. Amma offers a hard candy (in India) or a Hershey’s Kiss chocolate (globally), flower petals (for everyone), and vibhūti ash (for Indians) as prasād; occasionally she offers roses (for engaged or newly married couples) and apples (for new ventures). For more on prasād, see Pinkney 2013.


18 This section is adapted from Lucia 2014: 37–38.

19 There is also the danger of the inverse effect if patients are having negative experiences at guru-sponsored hospitals. While I have not conducted surveys of public opinion in India, it appears that this is a double-edged sword with relation to public reactions to AIMS Hospital, see Mouthshut.com. (n.d.) Available at: www.mouthshut.com/product-reviews/Amrita-Institute-of-Medical-Sciences-and-Research-Centre-Kochi-reviews-92572011 In contrast, Amma’s promotional materials tend to celebrate the technical excellence and expanse of Amrita Hospitals. Available at: www.amritahospitals.org/About-Us, and/or miraculous stories of healing. www.amritapuri.org/864/miracle.aum.

20 The BJP (Bharatiya Janata Party) is a right-wing Hindu nationalist political party, and the current dominant party in Indian government (elected in 2014 under the leadership of Prime Minister Narendra Modi).

Bibliography


Gurus and healing

this multibillion-dollar corporation is controlled by a penniless yoga superstar (accessed 19 July 2019).


