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How do your babies grow? Infant massage, media, markets, and medicine in North India

Author
Beattie, Angels Gwen

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How do Your Babies Grow?

Infant Massage, Media, Markets, and Medicine in North India

by

Angela Gwen Beattie

DISSERTATION

Submitted in partial satisfaction of the requirements for the degree of

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Date **University Librarian**

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This dissertation is dedicated to the memory of Terence Day,

who transported me to India

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ABSTRACT

ANGELA BEATTIE

How do your Babies Grow?
Infant Massage, Media, Markets and Medicine in North India

This dissertation investigates Indian infant massage practice and discourse in transnational context. Most infants in India are given a daily oil massage from almost immediately after birth until the age of about one year. This is a practice that has garnered little attention in anthropology, and what attention it has received has been mostly in the forms of study of mothering rituals, examining how cultural meaning finds expression in child care. My study is both broader and more specific; I trace the ways in which infant massage was "discovered" by westerners in India in the 1970's and transformed into an object of clinical research, a commodity, a profession, and ultimately, totalizing discourse. Multiple sources of information, originating in the United States and generated partly by the commercial interests and clinically funded research of Johnson & Johnson are now appearing widely in Indian media and medical discourse.

My research considers infant massage as it is practiced and understood in a North Indian town (Dehra Dun) and the ways that child care has become a field for competing interested parties at the local, national and international level. Through interviews of and participant-observation among families, physicians, pharmacists, midwives and representatives of baby oil companies, and by examining intimate local domestic practice in relation to larger national and global processes I address the question of what is at

stake in the globalization and transformation of Indian infant massage and Indian bodies, subjects and citizens.

I conclude that infant massage is being sold as a means to grow babies, not only in terms of healthy minds and bodies, but to represent and embody Indian identities which reflect so-called "modern" ideas about the person, the family and the state. In Dehra Dun, infant massage is represented and understood to be a foreign, rational, scientific practice by some, and a local, rooted, Indian tradition by others, but it is most often both. Along with its many specific and well-defined characteristics, infant massage also "rubs in" the ambiguity and ambivalence so often characteristic of modern subjectivity in India, providing the potential for the flexibility necessary for Indians to grow their babies into transnational citizens.

How do your Babies Grow?
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CHAPTER ONE

INTRODUCTION

INFANT MASSAGE DESCRIPTION

From almost the time they are born until they are about one year of age, most infants in India are given a daily oil massage. This massage is most commonly given by the baby's mother or grandmother, may last from 15 to 30 minutes, and is almost always given in the morning. While there is a great deal of variation in massage practice, in a typical massage, the baby is laid over the outstretched legs of the caregiver, who takes a small amount of oil in the hand and begins the massage at the baby's feet, rubbing them with the flat of the hand across the soles and the upper surface[1]. Babies generally find massage of the feet, legs and back to be the most soothing and least irritating, so massages almost always begin here before moving on to the arms, chest, tummy and face. Most strokes are long passes of a flat or slightly cupped hand, although on smaller babies arms and legs might be given a "Chinese bangles" stroke, where the forefinger and thumb encircle the baby's limb.[2] Direction of the strokes may be towards the torso, away from the torso, or both, and the amount of pressure used varies from light but firm to very forceful. When the chest is massaged, some attention is usually paid to the collarbones and a slight amount of extra pressure is applied to them to discourage excessive

[1] When the back is being massaged, the baby is in face-down position. When the chest and stomach are massaged, (s)he is turned face up. The legs and arms are massaged when the baby is in either/both position(s).

[2] I deliberately resist the application of "classic" massage stroke terminology such as effleurage, petrissage, etc. which might otherwise be used as descriptive shorthand in order to avoid decontextualizing Indian infant massage and because the formal details of the strokes in question differ.

protrusion. Babies often fuss when their tummies and chests are massaged but quiet when the massage is returned to their legs or back (each part of the body may be returned to several times). Finally, the head is massaged with rounded strokes with a flat hand. The circumference of the head is gently pressed to shape the skull and the bridge of the nose is pinched to encourage a narrow shape to develop. In the winter when the sun is warm but mild the massage might take place in a sunny outdoor location and the infant might be left out in the sun for another half hour or so for the oil to sink in. Otherwise the child will be loosely wrapped in a blanket or towel just long enough for his body temperature to return to "normal" and then given a bath. The baby usually eats and then sleeps for several hours.

As is the case with the mechanics of massage, there is also some variation in the reasons people give for massaging their infants. It is commonly reported that massage promotes the growth of strong bones and aids in the general development of the baby so that it will begin to sit up and walk at early ages. It is also thought to warm the baby, thereby providing protection against illness. Massage is used to promote aesthetically pleasing body types and head shapes. It is said to facilitate bonding between mother and child. Finally, it provides busy mothers an opportunity for several uninterrupted hours in which to complete other domestic tasks.

I first became interested in Indian infant massage while conducting research for my master's thesis. During interviews conducted for that research (a study of the use of lead-containing cosmetics by women and children among Winnipeg's South Asian community), I heard about a variety of child care practices, including infant massage. Curious, I began researching infant massage, and found that while little anthropological

attention had been paid to the practice, a substantial amount of clinical research had been conducted in the United States, most of which pointed to substantial improvements in development of low-birth weight infants with massage (chapter 2 describes the Indian origins of the massage used in clinical study). As low birth weight continues to be a contributor to neo-natal mortality in India (Paul 1996) and given the current focus on the body in anthropology (see Scheper-Hughes and Lock 1987), infant massage seemed to hold potential for further study in medical anthropology. During my first field trip to India in the summer of 1999 I became aware that the flow of discourse on massage was not unidirectional, as Johnson & Johnson was distributing summaries of clinical research to Indian pediatricians and as "western[3]" published books about infant massage were widely available in Indian English-language bookstores. Accordingly, my interest became drawn towards a focus on the transnational nature of infant massage and the implications of that transnationality for infant massage in India.

THE PROJECT

This project is a study of infant massage as it is practiced and understood in a North Indian town (Dehra Dun) and the ways that child care has become a field for competing interested parties at the local, national and international level. Through interviews of and participant-observation among families, physicians, pharmacists, midwives and representatives of baby oil companies, and by examining intimate local domestic practice in relation to larger national and global processes, I address the question of what is at stake in the globalization and transformation of Indian infant

[3] Including Australia

massage. I use infant massage both as the object of my study and as something that is good to think with; as a way to explore how modernization is occurring in India and the changing nature of the subject in contemporary India.

Infant Massage in India

Infant massage has only occasionally been described and even more rarely analyzed in the anthropological literature. When it is referred to it is in the context of developmental psychology. Freed and Freed describe the massaging of a new mother but do not mention infant massage (Freed and Freed 1980:366). Kurtz describes adults massaging an infant's genitals to calm the child down. Through his psychoanalytic lens he states, "Like Hindu breast-feeding, genital massage is the group's way of obtaining a child's compliance while also introducing it to the entitlements and obligations of group membership" (Kurtz 1992:88). Stork briefly describes infant massage in the context of infant bathing and mothering rituals. While she does not identify what, if any, symbolic meanings might be associated with massage, she does suggest that activities such as infant massage are related in some way to "...the remarkable motor facilities of Indian babies and their advanced sensory-motor development..." (Stork 1991:105). Reissland and Burghart (1987) describe the role of massage in childbirth and child development in Bihar and Nepal. Das (1989) analyzes the interaction between a mother and her son as she washes and massages him:

Bathing, bathing, bathing.
Shall we open your clothes? (Baby: Da da da da)
Says yes
Come, let us massage the wrestler
Shall we make you lovely, lovely now... (Das 1989:266)

Das observes that the mother "...acts as if every movement in the bath stems from the desire of the baby...the child learns that his mother's actions stem from his agency, that his body can be manipulated only with his permission..."[4] (Das 1989:267-268). Das contrasts this attitude with western assumptions about infants lacking in personhood: in India, as babies are considered to be reincarnated persons, they are attributed with fully developed personalities: their behavior is assumed to be meaningful and interpretable through cultural clues.

What these few writings have in common is a concern with massage as it relates to infant development; be that physical and social development facilitated by massage or ideas about the inherent degree of development of the infant person. I propose to move beyond these treatments of how babies "develop" (and the assumptions about progressive linear complexities embedded therein) and instead talk about babies are "grown," particularly through the practices and discourses of infant massage. When I told people in Dehra Dun that my interest in infant massage was in part a result of the fact that most Americans *don't* massage their babies, they were surprised, even incredulous. But American babies are so big and healthy, they said. In the words of one grandmother, "But how do your babies grow?"

Growing babies does of course include consideration of the physical, mental and social needs of and changes in children over time. That being said, my concept of growth

[4] These claims are contrary to my own observations that infants have very little say in their massages and little opportunity to exercise agency until they are big enough to try and escape their mother's grasp.

goes beyond a sequential, psycho-physical development. I agree with Butt (1998) that infants *are* social beings (subject to the same forces of power and knowledge as the rest of us), not future social beings, and that the ways that people seek to control meanings about infants is proof of this. In India, parents, kin, doctors and the pharmaceutical industry (among others) seek to contribute to the growth of infants through massage discourse and practice. If sociality is the "multiple influences and constructions that make up a person," and if such notions of person are always contested (Butt 1998), then the voices and the bodies that contend with infant massage contend not only to produce a particular future adult, but to make claim to (and ultimately, grow) a particular body/subject/citizen in the moment. In India, infants are increasingly being grown into transnational subjects; as parents choose from an increasingly wide array of choices related to child care; general philosophies, "expert" advice, and commercially produced merchandise. Through the use and purchase of baby oils, parents enact the promises of pharmaceutical companies who sell their oils as a way to build bodies, subjects and citizens. Through massage and its inculcation in the media, the marketplace and medicine, infants are inscribed, disciplined, nurtured, and grown. This dissertation explores the multitude of ways in which this occurs.

This dissertation also follows Cohen (1998) in asking what is at stake in social, cultural and medical transformations in India. Cohen's concern was with aging in India; this work addresses issues of concern at the opposite end of the "life cycle." Yet, like Cohen, I strive to move beyond the perspective of life-cycle approaches. And like Cohen, I strive to position my analysis within the context of the shifting scene that is modern India and the context of discourse about the modern Indian family. Appadurai (1996)

states that the condition of modernity does not result from a complete break with the past, or necessitate differentiating "traditional" from "modern" societies. Rather, Appadurai presents "...a theory of rupture that takes media and migration as its two major, and interconnected, diacritics and explores their joint effect on *the work of the imagination* as a constitutive feature of modern subjectivity" (1996:3). Part of the process of the "modernizing" of infant massage in India has been the medicalization of infant massage. Following Foucault's (1975) analyses of the role of medicine in the production of knowledge and power over bodies I consider the ways the medical-pharmaceutical industry has claimed authoritative knowledge of infant massage and the application of that knowledge through surveillance and the fostering of self-care.

Also central to my treatment of infant massage in modern India is what I consider to be the dominant metanarrative of modernity in India: the simultaneous desire for the modern and the subversion of the tropes of modernity. Nichter and Yuckovic (1994) call this "double-think": the desire for both the modern and the traditional. According to Das (1994), all institutions in a country like India have a double articulation in modernity and tradition, and "the conflicting ways in which these institutions have become mapped on individual lives shapes individual biography in contemporary India." The dynamic tension of modernity and tradition in India play out in two critical ways; first, in an ongoing and self-conscious quest to define Indian identity, both at the level of the nation and the individual. Secondly, configurations of modernity and tradition can be operationalized to achieve desired ends, which might range from winning a political election, to getting the better of a neighbor in an argument, to marketing a product.

Accordingly, I focus on six areas where social transformations, modernization and medicalization are evident in infant massage discourse and practice. These are 1) changing family structure; shifts from joint to nuclear family structure, 2) increased educational opportunities for women, 3) growth of transnational corporations and the liberalization of the Indian economy, 4) emergence of Hindu nationalism, 5) mass media and marketing, and 6) the creation of infant massage as an object of medical/clinical interest.

The Anthropology of Children in India[5]

Most anthropological studies of children (and child care) in India fall into one of three categories: those influenced by psychoanalytic theory and its anthropological descendants, in the context of the discourse on children's rights (particularly the "problems" of children and child labor), and the study of child survival (an international health perspective).

Freud's psychoanalytic theory took hold very successfully in India (Nandy 1995) and continues to exert influence on studies of children and child development in India. In some cases, psychoanalysis has been both directly applied and re-shaped to suit the Indian "psyche" (Kakar 1981; Kurtz 1992). In others, the application follows more closely the anthropological genealogy of comparative life cycle and socialization studies as heir to the culture and personality studies of Mead, Wolfenstein and others (see Freed

[5] I use the term "anthropological" very generously here to include both anthropology itself and closely related studies that focus on social lives, be they anthropological, psychological, public health or historical in official affiliation.

and Freed 1980; Erikson 1979; Das 1979; Sinha 1981). These studies often focus on ritual and rites of passage[6].

Children in India have likewise been seen as subjects requiring policy development or as social problems; for instance, child marriage (Forbes 1979), and labor (Srivastava 1992; Tucker 1997). Such studies allude to questions about the rights of children and the nature of childhood, and call on society to protect children in certain circumstances.

The third of the common approaches to studies of children in India focuses on questions of child survival, abuse and neglect (see Poffenberger 1981). These studies frequently focus on socio-economic differentials in child morbidity and mortality and especially on female infanticide and gender differences in child care and child survival (Miller 1987; Kishor 1995).

While these studies are useful in the appropriate context, very few social scientists have attempted to look at the ways in which those aspects of Indian modernity (for instance the rise of the middle class, globalization, post-coloniality) which are evident in all aspects of Indian society, find expression in the care and lives of children[7]. Also largely ignored (outside of the child survival genre) are infants. Gottlieb (2000) has decried the lack of attention to infants in anthropological scholarship. Infants are often treated as afterthoughts in literature on reproduction and childbirth. Anthropological studies of children generally focus on children who are old enough for independent mobility and verbal communication. The lack of verbal skills and contested agency of infants make them challenging subjects. Gottlieb's solution in her own fieldwork among

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[6] and differ in the ways they position themselves in relation to psychoanalysis and psychology.

[7] There are exceptions, for instance, Sanjay Srivastava's 1998 study of how post-coloniality is produced through the education of boys from elite families at Dehra Dun's Doon school.

the Beng of Africa was to combine close study of infants non-verbal communication with interviews of Beng diviners who claimed to "speak" for Beng babies (Gottlieb 1998). Butt's (1998) study of infants in Iryan Jaya looked at the ways that a variety of adults (kin, parents, political leaders) seek to control the meanings of/about babies, and sees this as proof of their status as important human beings. Specific attention to infants in India has been largely limited to concern with the potential harms or benefits of "traditional" child care practices.

This study takes a practice that might otherwise only be noticed as a potential "beneficial" child care practice and treats it as the means to explore questions of globalization, modernity, subjectivity and the body in India. Massage is the topic of discussion, but it's import lies not only in what it means for individual families or infants, and not only in the ways that it explicates cultural understandings of Indian infants. Because it is both a practice and a discourse, both a taken-for-granted child care practice and a commodity, and because it is both "traditional" and "modern," with the particulars of these articulations in flux and contested, infant massage is a field which opens up territory for discussion of some of the most intimate local and broadest global considerations and illumination of the relationships between the two.

SITE DESCRIPTION: DEHRA DUN

> *A sixty-ish upper middle-class gentleman is sitting on a sofa reading the newspaper. His daughter pokes her head in around the corner and says 'Oh Dad, you should go out walking.' He replies 'I'll go walking when I get to Dehra Dun.' The scene changes to show the same gentleman exercising indoors on a treadmill (Advertisement for exercise equipment seen on Hindi television station).*

This TV ad is a fair representation of how the space of Dehra Dun is imagined by many Indians: a green space far from the hassles and pollution of city life and, (in part because of these qualities) a place where people of a certain age and class go to retire. I imagine Dehra Dun somewhat differently, having lived there for 13 months and having spent a lot of time in many parts of Dehra Dun. My Dehra Dun is both green and extremely polluted, at some times and in some places both simultaneously. I wouldn't want to "go walking" in Dehra Dun anytime after 5 am when the often heavy and always dangerous vehicular traffic begins to increase. In fact, there are two dominant narratives of Dehra Dun. One is a nostalgic view of an idyllic retirement community, somewhat backwards, nestled in a peaceful setting, a place where nothing much happens, and (as locals frequently say) home to "the retired, the uninspired and the soon to be expired." In the other, as highlighted in Sanjay Srivastava's (1998) study of the Doon[8] school, the institutions housed in Dehra Dun mark it as a critical site for the production of post-colonial citizens. I contend (and through description of the town hope to convey) that Dehra Dun is accurately reflected in both of these narratives.

Doon's reputation as a retirement community is well earned. Wealthier neighborhoods, especially on Rajpur Road and areas near Doon Cantonment[9], are characterized by spacious properties lying behind gated walls that read "Col. J.M. Singh (ret'd.)." What people may not understand is that the image of the white-haired ex-army officer doesn't necessarily represent the retiree "community." Many are high-ranking military officers who retired early; in their 40's or even late 30's. Some of them have young children. And many of them travel back and forth to Delhi so as not to feel too

[8] Dehra Dun is often referred to as "Doon" (but never Dehra Doon).
[9] Military base and quarters.

trapped in the rather staid, dull Doon. Other people do move to Dehra Dun by choice; for marriage (perhaps "by choice" isn't the correct term), to work in government service, for India's national Oil and Natural Gas Company, to practice medicine, or perhaps to work as sales representatives in the pharmaceutical industry, or to teach. Yet other people run away to Doon. I know one young man who experienced "difficulties" as a member of the Youth Congress and had to leave Delhi, and have met several couples whose marriages were "love matches" where friction with in-laws drove them away. These couples often end up in Dehra Dun because they honeymooned in popular nearby Mussoorie. Land development is very tightly controlled in and around Mussoorie and it is extremely difficult to get permission to build there. Also, the winters are just a little too cold for most people's tastes (and houses are not heated), so Doon is the next best, and certainly most practical location.

Dehra Dun; Geography, Population, Location

Dehra Dun, with a 1991 population just over 500,000 (Census of India 1991) is classified as a town in India. Despite its substantial population, it has the feel of a town, or like many small towns that have grown together. In fact, Dehra Dun is surrounded on all sides by semi-autonomous villages that have become essentially suburbs of the larger municipality while still maintaining some individual character. Dehra Dun has few of the structures or features one might associate with a "city": there are no tall buildings, its businesses are mostly government offices, banks and institutions serving the local community, rather than private business serving national customers but based in Dehra

Dun. It was, until November 200, a no stoplight town (as of December 2001 it had become a two stoplight town). And the pace of life in Dehra Dun is more like that of a town than a city; many businesses shut down for the lunch hour so the workers can go home to have lunch with their families. Power, cable, water and telephone service is more erratic than they are, for instance, in Delhi (where rotating power outages are planned and published in the newspaper). If you need a plumber or carpenter to come to your house in Dehra Dun, it might take days or weeks to convince him to show up. Generally, highly competitive, career-minded people tend to move away from Dehra Dun, rather than into it.

In late 2000 India formed three new states, mostly from the more remote and less populated regions of existing states. Uttaranchal, the hill state, was one. People had been agitating for years (and with increasing intensity over the last decade) for their own state independent of Uttar Pradesh (U.P.), the original state the region separated from. As it was described to me, the hill people's case was built on their beliefs that they were culturally different, had lower population density, a much smaller Muslim population than the rest of U.P., and perhaps more importantly, had been economically underdeveloped. While substantial hydro-electric power was produced in the region, local residents felt they saw little profit from it, but had nonetheless to endure more frequent and longer unannounced power outages than those in the plains. When the new state was formed, Dehra Dun was declared as the new interim state capital. This designation has brought an accelerated pace of development, civic "improvements" and omnipresent convoys of VIPs on local roadways.

The Doon valley is famous for its basmati rice, although much of the land formerly used to grow this crop has undergone urban development. The valley lies between the Shivalik and Himalayan mountain ranges; the Yamuna and Ganges Rivers flow nearby. Other crops are pulses, barley and sugarcane. The British established the Survey of India, the Forest Institute, Anthropological Survey of India, Botanical Survey of India, Zoological Survey of India and many similar institutions in Dehra Dun, where they remain today. Post-Independence the ONGC (Oil and Natural Gas Corporation) was formed and its headquarters established in Dehra Dun. Doon's economy is based, along with agriculture and government, on the multitude of private boarding schools located there, to which families from all over India and abroad send their children.

The heart of Dehra Dun is its clock tower. The town's best-known landmark, the clock tower sits in a roundabout, which has four exits. Rajpur Road runs to the north for about 8 km until it reaches the village of Rajpur where it becomes a narrow lane running through a lovely old village and with spectacular views of the valley. On Rajpur Road near the clock tower are Dehra Dun's most exclusive shops; clothing, electronics, jewelry, books and food. Most are locally-owned businesses, a few are national Indian chains, and some are international; at the time on my fieldwork there was a Bennetons, Nike shop, Adidas, Baskin-Robbins, Dominos Pizza, and a Suzuki dealership. If you want to buy a pair of Levis or some Skippy peanut butter, you shop on Rajpur Road. There are perennial rumors that McDonalds is coming to town, but as of Decemebr 2001 it hadn't happened.

About 7 km along Rajpur Road is the turnoff for the New Mussoorie Road. New Mussoorie road winds up the Himalayan foothills in increasingly tighter hairpin turns

until it reaches Mussoorie, also known as Queen of the Hills. Mussoorie is a hill station built by the British to allow them to escape the brutal heat of the summers on the Indian plains. Today Mussoorie is home to dozens of run-down hotels (including a much-decayed Savoy), and some well-kept ones, tourist shops, game arcades, and as Mussoorie is well-beloved as a honeymoon destination, lingerie shops. It snows in the winter in Mussoorie, and good quality woolens and shawls can be purchased there. The town offers the first views to visitors from the plains of the snow-capped Himalayan Mountains. Mussoorie is a very popular summer destination and most tourists who pass through Dehra Dun do so on their way to the hill station.[10] Also nearby are Landour Language School and the Woodstock School, both draws for international students.

The westernmost exit from the clock tower roundabout is a lane leading to Chakrata Road. Doon's main movie houses are located here as is the Doon School, India's most prestigious private boys' school. The Indian Military Academy is also located on Chakrata Road, outside of town limits.

To the south of the clock tower is Paltan Bazaar, a narrow lane lined with shops that is Dehra Dun's main shopping area. Paltan Bazaar is closed to cars, although scooters can dart through the crowds at will. After about two kilometers, the bazaar ends near the train station on Haridwar Road. This area has the most congested and polluting traffic in Doon. Follow Haridwar Road east and you will arrive in Haridwar (a very Holy city on the Ganges River) or to Rishikesh (another very Holy city on the Ganges made famous internationally by the Beatles). Both are about an hour away from Doon by road. Most visitors to Dehra Dun who are not going to Mussoorie are on their way to Rishikesh

[10] The Mussoorie area attracts both Indian and foreign tourists and additional foreign students to the nearby Landour Language School and the Woodstock School, a boarding school that offers education with curriculum and exams meeting the standards for entrance into American universities.

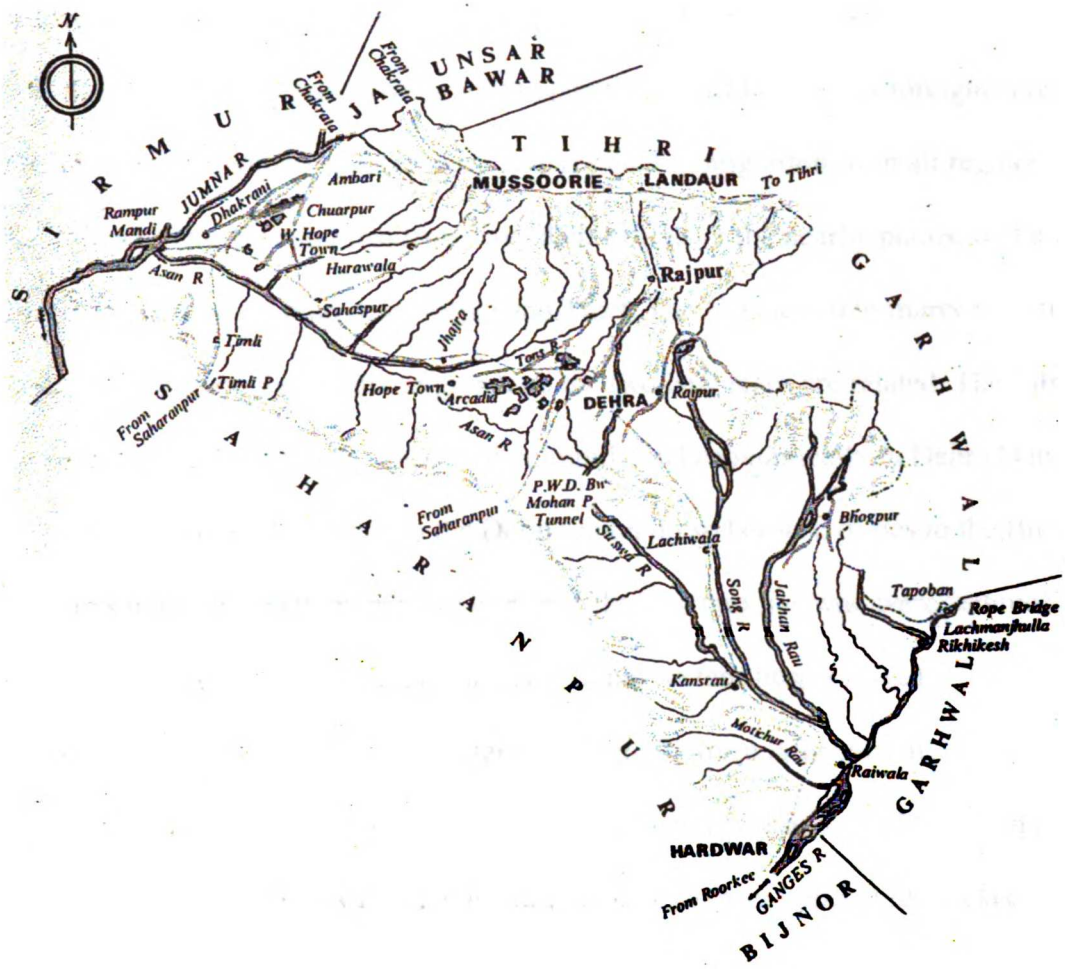

Figure 1. Dehra Dun Region.
(After Williams, G.R.C. 1874. Memoir of Dehra Dun. Dehra Dun: Natraj Publishers).

or Haridwar. Follow Haridwar Road west and you hit Saharanpur Road, which runs south to Delhi, about 250 km or 6-7 hours by road. The easternmost exit from the clock tower loops around past the Doon Hospital and joins up with Haridwar Road.

Dehra Dun has a fairly cosmopolitan population. Although few foreigners reside there, government industry and services have resulted in migration from all regions of India. Many of Doon's other residents have their origins in the nearby plains, in the local hills (Gharwal), and in some cases Nepal and Tibet. The Nepalese intermarry with the "Indians"--they share the Hindu religion, and the two languages are related. The Tibetans are a people apart, but are very important culturally and economically in Dehra Dun. Many foreign visitors who come to the Doon region do so because of ties to the Buddhist institutions in the area. My interviews were mostly with families who were "ethnically" Indian with the exception of one Tibetan, two Nepalese families(or mixed Nepalese/Indian households), and one family originally from Afghanistan.

My fieldwork was conducted in a number of neighborhoods in Dehra Dun proper (along all of the major roadways mentioned), including newer upper-middle class developments, older urban neighborhoods, and in and around the military cantonment areas. I also frequently visited several nearby semi-autonomous villages. Some, like Rajpur, are wholly urbanized, with economies tightly linked to that of Dehra Dun proper and no longer agricultural. Others, like Mehuwala *Gaon* (village) off Saharanpur Road. have mixed economies, partly agricultural and partly tied to Doon's. All sites were "developed" in the sense that they were serviced with piped water and electricity. I engaged in participant-observation, conducted interviews and/or observed infant massage in 59 households across a wide economic range and with Hindu, Sikh, Muslim and

Christian families. I also interviewed numerous others including allopathic and Ayurvedic physicians, *dais* (traditional midwives), nurses, pharmacists, and physical therapists[11]. Some interviews were tape-recorded and transcribed, but the social circumstances of most interviews; family members and neighbors coming and going and talking simultaneously, or participant observation (including extended visits where conversation occurred in bits and pieces dependant on the daily domestic routine of the household) meant that recording most conversations was untenable. In those cases I rely on my field notes.

Some families I visited I initially met because they were clients of physicians I knew in Doon. Others were friends of friends. Still others were the result of those happy accidents that occur during fieldwork. For example, my well-meaning landlady was very excited about my research and took to "recruiting" subjects for me at any opportunity. One such case was a lady who came periodically to the guest house to cut branches for cattle fodder. Apparently there was a new baby in her village nearby. Would she take me there to meet the family? She would. I was a little apprehensive as I had no idea where the village was and as this was early in my fieldwork my Hindi skills were still rather shaky. But I followed and after walking about forty-five minutes came to the village (more of a subdivision on a side road that ran parallel to Rajpur Road.). As we walked towards the houses, an elderly lady approached (grandmother to the new baby I was told). She took one look at me and then turned abruptly away. As my guide tried to explain who I was the grandmother interrupted her angrily, saying repeatedly, "*Mut lao!*" (Don't bring her) My guide looked embarrassed and uncomfortable. I was very hot and frustrated by the thought of turning around and hiking back home. Just then a man (who looked to be

[11] As in England and Canada, physical therapy in India is known as physiotherapy

in his mid-twenties) drove up on a motorcycle. He asked my guide what was going on. When she had explained, he turned to me, "You want to see a new baby?" he asked in English. "Get on the bike." I did and a few minutes up the road arrived at his house to meet his wife and their new baby girl. I was touched when my guide (who didn't know the family) showed up several minutes later and visited for some time, more concerned for my safety and reputation, it would seem, than I had been myself. This young family became good friends of mine for the duration of my fieldwork.

My original research plan had included identifying a community (neighborhood or village) where some families massaged their infants and others didn't and spending the last three or four months of fieldwork doing a small-community study comparing these families and their motivations and barriers to massage. The little public health data available had led me to expect that perhaps 70 or 80% of families would massage. A National Neonatology Forum survey reported that 96% of newborns in rural areas, 76% of newborns in urban areas, and 67% of newborns in tribal areas were massaged (National Neonatology Forum 1991:79), and a study conducted in a rural district near the town of Dehra Dun found that 64% of infants were massaged (IASDS 2001). But everyone I met with a baby seemed to massage. So as my fieldwork continued, I more and more frequently asked "Do you know anyone who doesn't massage their baby?" Whenever someone suggested a family I might meet or a village I might visit I would follow up immediately only to be told, "No, of course we massage our baby(ies)." Neglecting to massage (much like neglecting female children) was something that was generally understood to happen, but not admitted to. It was only in the last month of my fieldwork, on the recommendation of a regional nursing supervisor that I visited

Mehuwala *Gaon*. There, I met several families that didn't massage at all, or massaged differently depending on the gender and birth order of the child in question. Most of my discussion of families who don't massage is based on the visits I was able to make to this village in those last weeks.

Why Dehra Dun?

A study about infant massage in India could have been conducted in many types of communities in almost any part of India. Undoubtedly a study limited to a small village would have been as different from the project that has evolved as would be research centered in a major metropolitan area such as Mumbai or Bangalore. A somewhat erratic chain of contacts directed me towards Dehra Dun, and a particularly engaged group of local pediatricians invited me there to visit (described in Chapter 4). The climate, new friends and research contacts I made brought me back for extended fieldwork. While Doon is unique as a place that should not be construed to mean it is uniquely suited as a place to study infant massage. I doubt a claim could be made that such a place exists. However, Dehra Dun does possess certain characteristics that make it a particularly interesting place to study infant massage. Doon as a place is characterized by many of the same contested identity issues that are so frequently elicited in discourse on infant massage; the relationship of the local to the nation and the global (and its history), a complicated relationship with tradition and modernity, and both enthusiasm for and resistance to, social change. Dehra Dun is a particularly resonant location for infant massage research.

All of the expressions of "modernization" or "globalization" that pertain to this study that one might expect to find in India can be found in Dehra Dun with one notable exception. Dehra Dun is not inhabited by many families which embody what is sometimes described in India as the "New Middle Class": urbanized nuclear families where both spouses are highly driven working professionals, usually in business or the IT industry. Thus some aspects of "modern" life, such as classes in the various aspects of child care that I have been told are popular in some neighborhoods in and around New Delhi, are not part of the scene in Doon.

OUTLINE OF CHAPTERS

Chapter Two considers the transnational nature of infant massage through an examination of the history of the movement of infant massage discourse and practice between India and the United States and other "western" countries. Adult massage has a centuries-long history in the United States, since at least the times of the "revival" of "classic" massage in the late 1700s and early 1800s. It was part of the medical practices of the many co-existing medical traditions of the nineteenth century, and included in the physical therapy practice of the emerging allopathic "orthodox" medical tradition. By the 1940s, massage became marginalized in favor of other therapeutic technologies and played a smaller and smaller role in medical therapies. Though decreasing in popularity among physicians and physical therapists through the mid-to-late twentieth century, massage continued to be conducted by non-biomedical practitioners and has enjoyed renewed popularity since the resurgence of popularity of alternate and complementary

medicine in the 1970s. Although infant massage is mentioned in a small number on early twentieth century child care manuals, it does not appear to have been a widespread practice, nor does there appear to be continuity between this earlier tradition and the re-emergence of infant massage in the United States, Australia, and France in the 1970s. Following trips to India where they witnessed infant massage, authors from these countries wrote and published books about the practice in 'western' countries, including the United States. This chapter describes how, over the last 30 years, infant massage has been increasingly de-contextualized, naturalized and medicalized in the United States. It has been increasingly turned into an object of clinical research and into a constellation of commodities (books, videos, classes, and oils) for public consumption. In recent years those clinical concerns and products have become increasingly available for consideration and consumption in India, and have been adopted for study by Indian scientists and for sale by Indian companies. Thus the practitioner of infant massage in India is not only a care-giver but a consumer of products and discourses which may originate locally, nationally, or internationally.

Chapter Three introduces the subject of the importance of oils in infant massage in India. Oils and massage both play important roles in the practice of Ayurvedic medicine, and this chapter begins with a consideration of the benefits of both as described in classic Ayurvedic texts, in particular the Caraka Samhita and the Susruta Samhita. While infant massage per se is not prescribed in these texts, it is nonetheless claimed to be an "Ayurvedic" practice in several contemporary books on Ayurveda. Despite the apparent contradictions in discourse and practice, the qualities and benefits of oils and massage described in Ayurvedic texts do resemble the attributes of oils and infant

massage in modern-day Dehra Dun. There are a variety of oils in local use for infant massage; some are oils that are otherwise used for household cooking, others are oils (which have come on the market in the last 30 years) manufactured specifically for use in infant massage, Still others, such as olive oil, are manufactured for cooking purposes but imported and marketed in India almost exclusively for infant massage. I describe the oils used locally, their properties (my observations and the way they are described to me), and their relative popularity. The choices Doonites make in their selection of oil emerge from a variety of factors; from perceived changes in quality of local oils over their lifetimes, or a desire for an oil with certain properties, a consideration of the needs of individual infants, to seasonal needs, doctor's advice, product availability, economics, to concerns about the opinions of their neighbors. The chapter also examines the strategies individual families employ when switching from one oil to another.

Chapter Four looks at baby oils in the Dehra Dun marketplace through an examination of the advertising practices of and through interviews with pharmacists, shopkeepers, and representatives of the three most popular commercially prepared baby oils in Dehra Dun: Johnson & Johnson's Baby Oil, Dabur's *Lal Tail* (red oil) and Shalaks' Olemessa Baby Massage Oil. Johnson & Johnson is a huge and well-known international pharmaceutical company. Dabur is likewise a powerhouse Indian company which exports throughout Asia and the Middle East. Shalaks is a more modest company which has limited export interests outside of India. All have offices or production facilities in or near Delhi, about seven hours by car from Dehra Dun. Both Johnson & Johnson and Shalaks advertise in magazines and promote products directly to doctors. Dabur does not promote *Lal Tail* directly to doctors but advertises widely in the "Hindi

belt" of north India. I argue that the marketing and advertising strategies of these companies do not merely promote a product; they are selling the means of production of bodies, subjectivities, and citizenship. Through carefully constructed print ads and informative pamphlets, they instruct the consumer how to massage their infant, what to massage them with, and ultimately (through invocation of representations of tradition, modernity, nation and world) suggest how to "grow" a modern Indian and how to be a modern Indian family. The construction of "modernity" in question varies substantially, especially between Johnson & Johnson and Dabur.

Chapter Five examines how and why people massage their babies: what the techniques of massage are, and what massage is "good" for. Massage serves a variety of developmental, aesthetic and protective purposes, from building strong bones to shaping the body, to preventing illness. But massage does much more than just confer physical or medical benefits; it shapes, makes, and grows the whole person. Massage is both nurture and discipline. It is both embodied and discursive education. Through massage the child learns about its own body and the relationship (and limits to that relationship) of that body to others. Through massage babies are taught everything from kinship relations to their ABCs. Massage (many Doonites believe) fosters the development of the brain: it makes children "smart." And infant massage is incredibly varied in Dehra Dun. There is no one identifiable local tradition of massage, although most infant massages have several things in common. Variety is seen from everything from the amount of pressure applied to the amount of oil used to the direction of the strokes, to differences in massage over the first year of life, to whether or not massage is understood as just "work" or as a pleasurable activity with special meaning. Variety is also seen in who does and doesn't

get massaged, and why. This variety is considered in relation to the more standardized international model of infant massage which is becoming increasingly prevalent in local discourse.

In Chapter Six, I examine local narratives of change related to infant massage; changes in techniques, oils and meanings associated with infant massage. I focus on three recurring overarching metanarratives: Lost Eden, Progress, and Revival, and consider how these localized representations relate to broader narratives and critiques of modernity in India. This chapter also focuses on the experiences of local *dais* (midwives), who, due to the ongoing medicalization of childbirth in Dehra Dun have found it increasingly economically beneficial to reinvent themselves as post-natal mother and child-care experts, providing services which include ongoing post-natal massage of both mother and infant. Their professional survival is precarious, however, as they face opposition from physicians who want to deny them any role in child delivery or care, and find their authority challenged by physicians and mothers who insist on gentle massages for their infants, despite the beliefs of many *dais* that a vigorous massage is of critical importance to infant development. "Traditional" sources of knowledge about infant massage are subverted in many households, but especially those which house nuclear families where a mother-in-law is absent, as messages in the popular media and the advice of doctors are favored over the advice of *dais* and family elders. The ways in which this tension plays out in different households are considered.

In Chapter Seven, I discuss my findings further in the context of wider discourses of modernity and nationalism in India. I consider the question posed in this introduction: what is at stake in the process of globalizing Indian infant massage; the commodification

of massage and its media, the medicalization of infant massage and the creation of need for certain modes of child care. I highlight and explore the consequences of these particular articulations of medicine, marketplace and media (advertising) and contextualize attempts at producing hegemonic forms of knowledge in the face of the diversity and contested subjectivities that characterize modern Indian personhood. In this chapter I also discuss the potential for further consideration of the relationship of massage oil discourse to economic liberalization in India, and re-visit the questions of infant health that originally motivated this research, presenting a critical analysis (based on Lock's concept of "local biologies") of attempts to promote and sell a standardized form of infant massage

CHAPTER TWO

THE TRANSNATIONAL HISTORY OF INFANT MASSAGE

INTRODUCTION

Dehra Dun, India

A grandmother places her nine-day old granddaughter face down lengthwise over her outstretched legs as she sits on the floor in her daughter's modest living room. After removing most of the baby's clothing (it is cool in the house) she pours some commercially prepared baby oil onto her hands and begins massaging the baby. She explains to me that the oil came from the nursing home chemist shop[12]. They intend to soon switch to mustard oil, as its properties (heating, strengthening the bones) are beneficial for the baby. The grandmother starts with the baby's feet and moves to massaging other parts of the body, returning to each portion several times. Her daughter sits nearby, head and stomach thickly wrapped for warmth, watching carefully. Two of the younger women of the household (the young mother's sister and husband's sister) watch curiously, occasionally exiting and re-entering the room. Although there are ongoing comments made about the baby's appearance and behavior as well as shushing and comforting of her when she cries, the grandmother does not give her daughter specific verbal directions for massage. At the end of the massage, the arms and legs of the infant girl are stretched and exercised, and her nose squeezed and shaped for beauty by her grandmother's oily hand. Although the grandmother does not live in her daughter's

[12] In Dehra Dun babies are frequently born in "nursing homes"; small private hospitals usually owned and run by an Ob/Gyn or a family of related physicians. Family are generally directed to the small on-site chemist (pharmacy) to purchase materials for use in the care of the infant while in the clinic; soap, powder, oil, etc.

household, she plans to return every day for several weeks to massage the baby and help with her care.

El Cerrito, California

Sitting on a mat on the floor of a community center day-care, an instructor certified by the International Association of Infant Massage gives a lesson to the six women who surround her. Each is learning to massage her three to four month-old baby. The instructor demonstrates on a doll while the mothers anxiously follow her directions with their own infants who are laid on floor mats in front of their mothers. Today they are working without oil, although this need not always be the case, says the instructor. "Use a non-scented natural oil so the baby learns to associate the massage with you through touch. Rub your hands together and ask 'would you like a massage?' The baby will learn to anticipate the massage when they hear the sound of your hands. They will let you know if they want the massage." The instructor proceeds to give directions for massaging different parts of the body: the feet and legs, the back, the arms, the stomach and chest. At the conclusion of the class she hands out pages with diagrams and instructions for her students to take home.

One might ask what infant massage in India has to do with infant massage in the United States. There are similarities, but also many differences in the mechanics, contexts, rationales, understandings and in the transmission of knowledge about baby massage, some of which is evident in the situations described. In fact, infant massage in India and the United States have a great deal to do with each other. Knowledge about infant massage has a decades-long history of circling the globe, from India to America and back again, and is being transformed in the process. Infant massage in India is

increasingly being linked to the global economy through the actions of physicians and baby-oil manufacturing companies, particularly Johnson & Johnson.

In this chapter I demonstrate that infant massage in "Western" countries, particularly the United States, has not only been appropriated from India, but has been constructed as an "instinctive", "natural", and "lost" practice, re-discovered by the "West" only in the last 25 years. Following its appropriation, infant massage has increasingly been treated as an object of clinical concern as well as a commodity. Unlike infant massage, adult massage has a recognized centuries-old history in the United States and Europe. The history of adult massage in the West has usually been written as part of the classical history of medicine originating in Greece and traveling to Western Europe and America. However, adult massage, like infant massage, has always been claimed to some degree by mainstream and alternative medicine and both likewise have been claimed by those seeking the benefits of "science" and "nature." The scientific record is silent about the transmission of massage techniques from India into mainstream medical massage practice, although Indian (adult) massage was practiced in England from at least the early 1800s. The origins of infant massage have been openly acknowledged to lie in India, but have nonetheless been de-emphasized in current medical discourses on infant massage. Both adult and infant massage have been the terrain upon which territorial struggles for health and the body have been and are waged. A discussion of the history of adult massage in the "West," particularly the United States, is a necessary starting point to frame a discussion of the global history of infant massage.

MASSAGE IN "THE WEST," WITH EMPHASIS ON THE UNITED STATES

History of Adult Massage

Most medical texts on massage published over the last century begin in a similar fashion; with a description of the "history" of massage. They usually begin with a consideration of the etymology of the term "massage," alternately attributed to Arabic, Greek, Sanskrit, Hebrew, or Latin, and sometimes to all the above (Calvert 2002). They then briefly describe massage as it was practiced in the "ancient world'" especially China, India, Greece and Rome (shamanic massage practices and massage in African regions are less frequently addressed). The allopathic heritage of massage is established through references to massage in the teachings of Hippocrates (460-380 BC) who describes the benefits of massage for a dislocated shoulder using terms like "anatripsis" and "rubbing" and through reference to the Greek Physician Galen (131-200 AD) (Wood and Becker 1981). Massage, an important part of Greek and Roman culture, medicine, and sporting life, is said to have "declined" with the fall of the Roman Empire. The Olympic Games were banned by a Christian Roman emperor in 343 BC, and it has been said that religious teachings increasingly led to the disdain of nakedness and bodily preoccupation (Kamenetz 1980). The Roman baths, where massage was an established practice, also "degenerated" into little better than houses of prostitution (Calvert 2002:144-6). Medical writing about massage largely disappeared in Europe during the Middle Ages (as did medical and scientific writing in general), but interest was renewed

in the sixteenth century when Ambrose Paré sought an anatomical and physiological foundation for "mechanotherapy" (Tappan 1978).

The "revival" of massage that is credited for its relative prominence in the modern world is usually (but not universally) credited to Peter Ling of Sweden (1776-1839).[13] Ling was a gymnastics instructor and a fencing master who, having cured himself of rheumatism of the arm by percussion, began to study massage. He developed a system of gymnastics and exercises known as the "Ling Treatment" or the "Swedish Movement Treatment"[14] wherein massage was known as "passive gymnastics." He introduced the now well-known French terms effleurage (flower-like), tapotement (percussion), etc. and codified them through formal ascription to specific massage movements (Tappan 1978). Ling introduced his system into what medical historians now recognize as the revival of interest in the Greco-Roman philosophy of exercise for the prevention of disease and in Galen's code of hygiene (Whorton 1988)[15].

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[13] The historical source material I reference is largely late 20th century publication, but the early 20th century writers' histories are similar, for example, McMillan (1921) attributed increased popularity of massage in America to the influence of several American physicians, leading to the first medical conference on massage in Boston in 1889, with the First World War providing an increasing demand for therapists and caregivers. Bucholz (1917) recognized the widespread use of massage in ancient cultures, and suggested that in the western world, "Physical therapeutics" were popularized by the Greeks and continued to be popular until the Middle Ages. He attributed recent developments in the popularity of exercise and massage to a Swedish gymnast and a Dutch physician. The end of the nineteenth century saw the beginning of scientific investigations (apparently in Germany) into the physiological benefits of massage. And by the early twentieth century American proponents of massage seemed to agree that massage be considered a rational and scientific part of medicine, that it belonged in the category of what might be called physical therapy, and that it could be used to address a variety of ailments as it directly or indirectly aided the skin, fascia, muscular system, nervous system, glandular, digestive and skeletal system (after McMillan 1921).

[14] Popularly known today as Swedish Massage

[15] Galen's code focused on areas of life over which the individual could exert some control: air, food and drink, motion and rest, sleep and watch, evacuation and repletion, and passions of the mind. In his system, the practice of regularity and temperance in those areas through nutrition, physical fitness, and stress management would increase resistance to disease and produce physical and mental rigor (Whorton 1988).

By the time the term "massage"[16] entered the American medical lexicon in 1874,[17] Americans were in the process of reviving Galen's interest in health promotion through "right living." Reflecting the values of enlightenment philosophy, the late 1800s and early 1900s were characterized by both a faith in the power of science and a budding romanticism; a romantic nature worship and the belief that a natural life was a healthful life. Massage was often seen as such a "natural" cure; American Nurse Minnie Goodnow in Nursing History (1916) taught an appreciation of massage by emphasizing it as an instinctual way of caring for the wounded and the sick, and talked about massage in primitive tribes and Shamanic/priestly traditions (Calvert 2002:123). Books on massage from this time period frequently make mention of the "natural" or "holistic" nature of massage and/or reference to its practice in non-Western countries.

In the United States, the nineteenth-century interpretation of Galen was tempered somewhat by an emerging distaste for pleasure. Pleasure, however moderate, led to craving and the abandonment of restraint. In 1830 this turn towards prohibition led to the "Popular Health Reform Movement" wherein activities and foods were separated into "good" and "bad" moral categories. The bad were forbidden altogether while the good might be enjoyed in moderation. The movement was also influenced by the anti-elitist sentiment of Andrew Jackson and his followers, who celebrated the virtues of the "common folk," in part by attacking the privileges of the educated classes; by 1845 this led to the end of almost all government regulation of health care (Nienstadt 1998). Both these tendencies; towards self-achieved wellness through "natural" activities and the fear

[16] anatripsis, rubbing, or shampooing are terms that are found in earlier references.
[17] an 1837 poster suggests its use is at least several decades older (Calvert 2002, 3)

that the wrong kinds of stimulation were dangerous for body and soul would influence the practice of massage in the nineteenth and early twentieth centuries.

In part because of Jacksonian attitudes, the nineteenth century was a time of incredible variety in health care options. What was to become biomedicine, or allopathy, did not hold the position of dominance that it does today[18]. By the end of the nineteenth century, germ theory provided a significant boost to the claims and effectiveness of biomedicine. It legitimated the claims that biomedicine was "scientific" (generally claimed to be the only scientific medicine despite the experimental basis of Homeopathy). Other types of healers began to be marginalized (Gesler and Gordon 1998). Massage, claimed by both proponents of "scientific" medicine (who traced their lineage to Galen and Hippocrates) and those looking for "natural wellness" cures, would soon feel the effects of these territorial disputes.

During the nineteenth century, massage could be found in a number of places; by non-allopathic practitioners privately and in bathhouses and spas, and by allopathic physicians in sanitariums, and private practice, usually those who specialized in physical therapy (it was often known then as "mechano-therapy" or "manual therapeutics"). Massage had both a place within and outside of medical orthodoxy. There was significant distrust between the various practitioners of massage; those who practiced in sanitariums were distrustful of the massage performed by non-allopathic specialists; they considered them to be unscientific quacks. Within mainstream medicine, sanitarium proponents were

[18] Homeopathy (the pre-dominant form of "alternative" health care in the 1840's) (Baer and Good 1998), chiropractic, religious healing, among others were also popular. During the Age of Heroic Medicine (1780-1850), allopathic medical treatments were often "dramatic" (and dangerous): bleeding, powerful drugs, induced vomiting, purging, and irritants that blistered the skin. People were attracted to healers from other systems in part because of claims their cures were "natural" (Gesler and Gordon 1998). They were often less dangerous than pre-Pasteur and Lister surgery.

treated with suspicion by other physicians who considered their emphasis on diet and wellness and dislike for drugs and surgery to be poor medicine (Calvert 2002:135). Nonetheless, massage remained part of orthodox medical therapy through the 1930's (Goldstone 2000). Massage proponents and sanitarium directors were often followers of hygiene/health reform movements. One important adherent was John Harvey Kellogg (1868-1955) of the Battle Creek Sanitarium. Kellogg was an MD but often treated as a marginal figure in medicine because of his "natural" cures, mainly water-cure, rest, sunshine, a nonalcoholic, nonsmoking vegetarian diet, and massage (Calvert 2002:137-9). During Kellogg's 67-year tenure, the sanitarium treated more than 300,000 patients. Precooked breakfast cereals which still bear Kellogg's name today originated in 1877 as granola for the patients of the sanitarium[19] (Whorton 1988). In 1895 he published the influential The Art of Massage.

By the end of the nineteenth and beginning of the twentieth century, allopathic physicians and the American Medical Association (Baer and Good 1998) increasingly worked to de-legitimize alternative health care models, including non-allopathic practitioners of massage[20]. In 1910 the Flexner Report, written by Abraham Flexner, a non-physician, and sponsored by the Carnegie Foundation, was published. This document was a report on the conditions of all medical (allopathic and all others) schools in the United States and Canada. Using allopathic standards, the Flexner Report became the yardstick by which all health care was to be measured. The report was a devastating critique which led to the imposition of biomedical standards for education and licensing.

[19] Some cereals were developed prior to Kellogg's arrival; he acquired them along with the sanitarium.
[20] Homeopathy was seen to pose particularly dangerous threats to patients as well as an ideological and economic threat. In 1855 the AMA purged any doctor from its ranks who had even consulted a homeopath (Borre and Wilson 1998). Beginning in 1899 the physician Oliver Wendell Holmes gave a series of speeches on "Homeopathy and its Kindred Delusions" (Gevitz 1988).

As a result, many medical schools were forced to change their criteria to meet the allopathic standard and to unite with universities, or to close down. It became almost impossible for non-allopaths to obtain medical licenses (Gesler and Gordon 1998; Nienstadt 1998)[21] [22].

Massage practice suffered further as allopathic medicine continued to gain strength through the first half of the twentieth century[23]. Over this time period, massage became increasingly marginalized within orthodox medicine. Within physical therapy, interest in massage waned as new therapies were introduced: electrotherapy, hydrotherapy, exercise machines and UV light in the 1920s and 30s, ultrasound and microwave techniques among others post-Second World War (Goldstone 2000). As the diversity of available physical therapy techniques increased, the frequency of the use of massage decreased in orthodox medicine through the first seventy-five years of the

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[21] By the mid-1930s the last homeopathic college in the United States ceased teaching homeopathy (Baer and Good 1998).

[22]The AMA also aggressively attacked chiropractors, pursuing them through the courts and public and professional arenas (such as anti-chiropractic articles in the JAMA journal) from 1912-1987 (Nienstadt 1998). Despite the fact that the great depression caused many chiropractic colleges to close (Wardwell 1988) (this was also true of other "alternative" colleges such as Eclectic; see Haller 1999), the chiropractic profession fought back through formalizing and organizing their profession, by enacting strict standards on their practitioners, and by aggressive litigation: In 1976, 5 Illinois chiropractors filed an anti-trust lawsuit against the AMA. In 1987 they won a historic ruling, a judge finding that the AMA had engaged in a conspiracy to eliminate the chiropractic profession and issued an order banning the AMA from "restricting, regulating, or impeding its members or the hospitals where its members worked from associating with chiropractors" (Nienstadt 1998). Osteopathy was founded in 1882 on the belief that disease was caused by disturbances in blood circulation caused by spinal displacement and treatment focused on the manipulation of tissues around the spine. Osteopathy survived by forming the Osteopathic Medical Association in 1901, and then by gradually changing their practice and ideology to the point where it was virtually indistinguishable from that of allopathic medicine. (Nienstadt 1998).

[23] The development of synthetically produced sulfonamides in 1935, penicillin in the early 1940's, and streptomycin in 1945 all contributed to the dominance of biomedicine (Gevitz 1988; Gevitz 1988b). Medical writers at this time tended to attack alternative healers as quacks, frauds, and cults. This hostility persisted through much of the latter half of the twentieth century. The first suggestion of a new perspective emerged in the 1950s and became more prominent by the 1970s: an attempt to examine unorthodox medicine independently, with the goal to extend knowledge rather to attack or defend. (Gevitz, 1988). The development of the pharmaceutical industry may also have played a role in the decline of massage as pharmacological treatments became increasingly available.

twentieth century (Kamenetz 1980). By the 1930's medical publications on massage had decreased dramatically. See Table 1.

Table 1 UCSF Medical Library and Harvard's Countway Library of Medicine Collections Number of Books held, as of April, 2003

English Language Only

	Keyword Search='Massage'		Keyword Search='Physical Therapy'	
Year	UCSF	Harvard	UCSF	Harvard
2000+	4	2	33	31
1990+	2	5	84	99
1980+	14	10	83	74
1970+	11	8	45	29
1960+	3	8	20	26
1950+	1	2	30	36
1940+	2	2	16	29
1930+	3	3	13	21
1920+	4	10	7	31
1910+	6	16	4	8
1900+	5	25	0	8
1890+	5	35	0	1
1880+	2	29	0	4
1870+	0	2	0	2
1860+	0	3	0	3
1850+	0	0	0	2

Table 1: Table 1 shows books held by the Medical Libraries of two major American medical schools. Holding on 'massage' peaked between 1880 and 1920, then decrease dramatically until the 1960s. Holdings on "physical therapy" show few publications prior to 1910 and a substantial increase in years to follow.

By 1932 the first formal indications that massage was being disassociated from biomedicine and emerging as a specialty outside of the medical field in America were seen (Goldstone 2000). In 1943 the American Massage Therapy Association was formed

(Calvert 2002:8), and in England the Chartered Society of Massage and Medical Gymnastics was renamed the Chartered Society of Physiotherapy. Goldstone (2000) and Calvert agree that the mechanics of massage as practiced in the early1900s were partly responsible for its decline in physical therapy. Turn of the century massage was very different than massage as we know it today. For one thing it was much more labor intensive: massage was applied more vigorously and frequently, often two to three times a day (Calvert 2002:179). Thus the less labor-intensive new technologies in physical therapy became preferred over massage. Through the twentieth century massage began to be applied more slowly, with less pressure, and with the intention of making the client feel good. Where massage was "therapeutic" it became less a treatment for specific diseases and more a way to treat specific body tissues (Calvert 2002:194).

Bathhouse massage has been associated with prostitution as early as Roman times. It also came under increased scrutiny in the nineteenth and early twentieth century, as public baths were influenced by corrupt public officials and prostitutes began to offer more than massage services. From the baths, massage parlors emerged as legal fronts for continuing prostitution (Calvert 2002:146-7). Therefore, by mid-twentieth century, in addition to very little massage reported in medical contexts, there was little room for discussions of massage within polite society, something that massage therapists have organized to fight and educate against for decades.

A late twentieth century renewal of interest in massage can be credited to these efforts and a number of other factors: by the 1970s the supposed dehumanizing of the relationship between doctors and patients in orthodox medicine was being challenged (Kamenetz 1980), widespread critique of the hegemonic status of and actual dangers

posed by biomedicine was spearheaded by Ivan Illich, and concern was voiced about rising health costs and limited access to health care. A rejection of "Cartesian dualism" combined with a sort of revival of Jacksonianism (prompted by the "secular humanism counterculture of the 1960s") led to movements focused on holistic health, and to revivals of familiar practices such as homeopathy as well as "new" ones such as acupuncture (actually there was some awareness of acupuncture by western physicians since the late 1700s) (Whorton 2002:245-57).

By the end of the 1900s, the increasing popularity of alternative medicine began to garner serious attention from government and medical officials alike. In 1991 President George Bush provided two million dollars to fund what would become the Federal Office of Alternative Medicine to "scientifically evaluate treatments not mainstream to science" (Gesler and Gordon 1998). In 1993 the New England Journal of Medicine published an oft-quoted article on the use of alternative medicine in the United States. In it was reported that one-third of the people surveyed had used some form of alternative medicine over the past twelve months, that those people tended to be "non-black," of relatively high income and educational status, used alternative medicine mostly for chronic conditions, and usually also saw a biomedical physician for the same condition (Eisenberg et al. 1993).

Not surprisingly, a renewed interest in massage has occurred concurrently with interest in alternative medicine. Massage has once again emerged as an object of medical interest, although less in the context of an orthodox practice than as the focus of clinical research. The use of massage in rehabilitative therapy has moved from the hands of doctors and physical therapists and into the hands of independent massage therapists.

When massage does occur in physical therapy, it is usually provided by an aide and in small doses along with the application of heat or electrical stimulation (Calvert 2002:194). Nonetheless, some physicians seem anxious to reclaim massage as an orthodox medical practice. In his article, "Massage--the Scientific Basis of an Ancient Art," Goats (1994) predicted that "massage is a valuable treatment poised to grow once again in importance as the scientific principles upon which it is founded are clarified." And Goldstone (2000) stated "Massage is not a new complementary therapy, but an orthodox medical intervention whose use has been interrupted and resumed after a gap of many years." He has also contested the credit that Ling often receives as the father of modern massage and suggests that a Dr. Mezger (of Amsterdam) should be credited for the medical use of massage, "He and his students--all physicians--reduced massage to a system based on experiments. It is to Mezger the physician rather than Ling the movement specialist to whom the medical use of massage accrues" (Goldstone 2000). Not only is massage being readmitted into the medical fold, this readmission is facilitated through the claim that massage always *was* scientific. And so the terrain of massage, historical and contemporary, continues to be contested.

It is difficult to say how much non-Swedish massage might have influenced massage practice in the 1800s and early 1900s. Indian massage was known to Europeans as early as the mid-eighteenth century. Kamenetz (1980) reports that French colonists in India witnessed massage and used the terms "masseur" and "masseuse" in their accounts from 1761 to 1769. Certainly, Indian massage techniques were known in England as early as the 1810s through the baths featuring "The Art of Shampooing" built by Deen Mahomed ("Shampoo" derives from the Sanskrit *champna*, "to rub"). Mahomed was also

the first Indian author to publish in the English language, and was hardly an obscure figure: he treated royalty and many members of the aristocracy (Fisher 1996). It is hard to imagine that the techniques so favored by influential members of high society of the day would have gone unnoticed by the medical profession, but they certainly went uncredited. "Turkish" massage and massage given by Eastern European immigrants in American bathhouses may have also featured techniques that varied from the medical standard, and might possibly have had some influence on how medical massage was practiced. But this is not a subject that has been discussed at all, either within treatments of the history of massage in medicine, or in Calvert's more encompassing 2002 book The History of Massage. An Illustrated Survey from Around the World[24].

Contemporary massage practice in the United States is astonishingly diverse, and contemporary practitioners within and outside of biomedicine are often open to incorporating techniques from other traditions, although massage theory in medical journals is solely rooted in biophysiological models. Outside of biomedical publications, contemporary professional massage texts vary considerably with respect to systems of knowledge. Their emphasis may be strictly bio-mechanical (Hollis 1987), emphasize a psychobiological mind-body holism (Woody 1980), or incorporate energy concepts within a larger scientific framework (Chaitow 1987). Shiatsu, Ayurveda, acupressure and other modalities as well as countless variants and new modalities are constantly emergent. Contemporary massage practitioners typically engage in discourses that might be seen by some as conflicting, utilizing both medical/scientific and metaphysical languages. Within the field of professional massage (not necessarily in physical therapy), there is nothing inherently contradictory apparent in a body of knowledge that utilizes

[24] Calbert, Robert Noah (2002) Healing Arts Press (Rochester)

anatomy, medical physiology and alternate physiologies such as energy transfer, realignment, intersubjective cellular communication and the literal translation of emotion and personality to muscular tissue, although there may be substantial disagreements about which particular model is most correct. Nonetheless, in order to remain a credible part of medical practice, published research on massage continues along strictly clinical-scientific lines.

Summary

Nineteenth and early twentieth century adult massage was claimed as the territory of both practitioners heralding the classical and scientific origins of the practice, and by adherents who celebrated its "natural" qualities and its use by "primitive" man. Although these models of massage were always in contention to some degree, the distance became greater in the twentieth century as allopathic medicine grew in influence in power and healers whose practice fell outside of the standards of what would become the AMA became marginalized and discredited. Massage continued to be practiced within biomedicine under the aegis of physical therapy, but as new, less labor intensive and more technologically complex treatments were developed, massage fell out of favor in physical therapy. In the 1940s, non-allopathic massage therapists were professionalizing, but an association between massage and illicit sexual activities (combined with massage's erasure from biomedicine) led to massage being seen as disreputable by the general public. By the 1970s, massage was "rediscovered by a public with a renewed interest in alternative and natural healing. By the 1990s, when massage was once again a

popularly accepted activity, medical doctors began to reclaim massage as an orthodox medical practice, fallen out of favor, perhaps, but now, as always, the property of biomedicine.

The history of infant massage in America bears a resemblance to the history of adult massage, but with some important differences. Infant massage was likewise "rediscovered" in the last three decades of the twentieth century, both by those who focused on its international origins and "natural" qualities, and by biomedical practitioners for the purposes of clinical study. However, unlike the case of adult massage, infant massage is never traced back to a long Hellenic or scientific tradition. Furthermore, it is completely unrecognized that infant and child massage was written about during the turn of the century height of popularity of adult massage. Rather, the origins of infant massage (both turn of the century and Indian) have been obscured, even erased, in an effort to construct infant massage as the ultimate expression of the most "natural" of all things: the bond between mother and child, and the most "primitive" of all the senses: touch.

INFANT/CHILD MASSAGE IN THE UNITED STATES

Infant Massage in the Late Nineteenth and Early Twentieth Centuries

Occasional references to infant or child massage are found in nineteenth and early twentieth century literature. In 1892 a Dr. Karnitski recommended abdominal massage for children with constipation (Calvert 2002:110). Mennell (1917) suggested that as the

"reflex arc" of the child is short, the duration of the massage should also be short. Bucholz (1917) included a section on massage for the treatment of infant paralysis. Jenson (1920) suggested that if girls of thirteen years of age or younger were to practice massage and breathing exercises it would allow "the change into womanhood to proceed without any injury to the nerves or general health." Starr, in The Hygiene of the Nursery devotes an entire chapter to massage as both "a means of preserving health and as a scientific method of treating certain diseases in children" (Starr 1913: 267). Starr includes descriptions of techniques, medical benefits and conditions which may be treated through massage, very much in keeping with his contemporaries writing on massage in general. He specifically addresses childhood conditions such as stomach upset, constipation, colic and enlarged glands. He is also interested in massage's benefits in increasing electrical conductivity of muscles, impoverished blood and "spinal irritability occurring in girls about the approach of puberty" (Starr 1913:276). Calvert (2002:112) describes an even earlier book, popular in both the United States and Great Britain, Advice to a Mother on the Management of her Children and on the Treatment of the Moment of some of their more Pressing Illnesses and Accidents (1868) by the English physician, Pye Henry Chavasse, where mothers are advised, "When he is thoroughly dried with warm dry towels, let him be well rubbed with the warm dry hand of the mother or of the nurse." For abdominal pains rubbing with castor oil or Dr. Merriman's Purgative Liniment was recommended, "...well rubbed every morning for ten minutes at a time, over the region of the bowels...warm olive oil, well rubbed, for a quarter of an hour at a time, by means of the warm hand, over the bowels will frequently give relief."

References to infant or child massage are significantly less frequent at this time than writings on adult massage. However, those references that I have identified do demonstrate that many of the ways that adult massage was being constructed at the time were also applied to some extent to infant and child massage: it was seen as useful as both a medical treatment for particular disease conditions, as well as an all-purpose wellness activity. It was also treated, at least by some authors as a "scientific" practice, understandable through the discourse of anatomy and physiology of the time. I hesitate to make the claim that written recommendations for infant and child massage completely disappeared for the remainder of the first three quarters of the twentieth century, but I have found no evidence of continuity in infant massage traditions from the early twentieth century to the present. Child care bibles such as Benjamin Spock's The Common Sense Book of Baby and Child Care (1946)[25] and Penelope Leach's Your Baby and Child (1978) do not mention massage.

It is difficult to say precisely why infant and child massage disappeared from the North American scene for almost 60 years; it possibly was not very popular to begin with. Certainly with the gradual disappearance of the hygiene/health reform movements and the marginalization of massage within orthodox medicine and society in general, it might be expected that physicians would also lose interest in child massage. A new receptivity to the idea of infant massage in the late twentieth century likely resulted from a confluence of many factors, among them: interest in Eastern philosophies and practices, changing attitudes towards the needs of children in America in the mid to late twentieth century, research into the severe effects of touch deprivation in animals, and the

[25] Spock's 1985 edition also doesn't mention infant massage. The latest version of the book (1998) makes a brief passing reference)

popularization of the work of anthropologists such as John and Beatrice Whiting (1963), Margaret Mead (1963), and Martha Wolfenstein (1955) who showed that childhoods differed cross-culturally, and of historian Philippe Aries (1962)whose work demonstrated that understandings of childhood and children also varied temporally. In any case, interest in infant massage would emerge later in the century as French, American, and Australian visitors to India observed infants being massaged and, upon their return home, began to write about the practice.

Bringing Infant Massage out of India

The current popularity of infant massage in North America (also Europe and Australia) can be attributed to Frederick Leboyer. Leboyer, author of Birth Without Violence (1974)[26], introduced America to the art of Indian infant massage with his 1976 book Loving Hands; the Traditional Art of Baby Massage. Simple and poetic, Loving Hands introduces us to Shantala and her charitable work with children outside of Calcutta. To Leboyer, massage is concerned with love, heat, birth trauma, isolation and energy.

> Here is some kind of fight, no doubt;
> the fierce, sweet battle of love
> in which a tremendous flood of energy
> is both given and received
> Yes-see, feel the tremendous power in Shantala's hands
> and the utter relaxation of the baby (Leboyer 1976:105).

Through photographs and verse, Leboyer describes what is unquestionably an Indian infant massage; the setting and the bodies are explicitly presented as such. He is

[26] Often credited with spearheading the "natural" childbirth movement.

not concerned only with describing and giving instruction in infant massage (although he does both at length), he attempts to uncover its deeper meanings and esoteric qualities:

> In any art, as we have said, there is a technique.
> Which one must learn.
> Technique and learning take time.
> Rather they *are* in time.
> But once this technique is mastered, the artist moves beyond it.
> And beyond time.
> You touch something in yourself. Or, rather, something starts expressing itself in you.
> Something that was there all the time!
> Puzzle?
> Paradox?
> It is the secret, the mystery of all art,
> Art, which enables you to touch the absolute.
> With your very human hands (Leboyer 1976:119).

Leboyer has very likely inspired to some degree every contemporary popular writer on infant massage, including Amelia Auckett. In 1978, Auckett published an article about infant massage in The Australian Nurses Journal, the first such article published in a professional English-language journal. In this descriptive piece, Auckett promoted infant massage, also linking it to energy concepts and the release of birth trauma. She commented that many mothers seem to find the full Indian infant massage described by Leboyer too challenging, and recommended a shorter massage. She told about learning about infant massage in Australia and concluded with "The ancient art of baby massage is enjoying a re-birth throughout the world." In 1982 Auckett published a popular how-to manual on infant massage called Baby Massage: Parent-Child Bonding Through Touch. In it she listed a number of non-Western countries that infant massage is common in, but doesn't name which specific traditions influenced her (except indirectly through reference to Leboyer). Tiffany Field, head of the Touch Research Institute, will write the introduction to later editions of her book (Auckett 1989).

Contemporaneous to Auckett was Vimala Schneider McClure. McClure founded the International Association on Infant Massage (IAIM) in the United States in 1977, having witnessed infant massage in India in 1973 and massaged her own son with a combination of Indian and Swedish massage techniques. She published her own book on the subject in 1979 (Schneider 1979). Field (1995) stated that nearly all infant massage practiced in the United States uses techniques based on Auckett's and V.S. McClure's books on baby massage. McClure's book is still used as the primary source for those training for certification in infant massage with the IAIM. McClure also discussed massage in relation to the beneficial effects of transmission of energy, but focused more on the psychobiology of human development as justification for infant massage than did Leboyer or Auckett. She also envisioned a contemporary interest in infant massage as the re-discovery of lost cultural knowledge: "Many of the family customs of our ancestors, turned aside in the early twentieth century in the interest of 'progress,' are returning to our lives as modern science rediscovers their importance and their contribution to our infants' well-being and that of whole societies...Our great-grandmothers would stand up and utter a great 'I told you so!' Were they to observe our 'new' discoveries in infant care" (McClure 1982).

This theme of nostalgia for a lost past (whether or not it actually existed historically) continues to be expressed both in infant massage manuals and in other sites of massage discourse. In Baby Massage (1995) Peter Walker[27] echoed many of Auckett and McClure's claims about the role of touch and massage in infant development,

[27] I discuss Walker because, although he is perhaps not a foundational figure in infant massage in the way Auckett, McClure and Leboyer are, he is the most-published popular infant massage author, with 4 books in print since 1988.

locating infant massage firmly in the realm of developmental psychology. According to Walker,

> Adult behavior and personality characteristics are shaped by the events of infancy and childhood. The baby's whole body responds with emotion, with every feeling there is a muscular impression. These impressions accrue from the core, and are visible in the postures of movement of early childhood...Fulfilling the tactile needs of the baby is the first step towards maintaining the concepts instilled in the womb of a benevolent and caring world (Walker 1995:25).

As do Auckett, McClure and almost all other infant massage proponents, Walker looks back to times and places where infant massage is/was common; unfortunately, Walker says, Western society discourages us from touching our children, "The only real newsworthy item in this is that we should have strayed so far away from acting upon our human instincts that this could be considered news at all. Western society has become so impersonal and desensitized to the value of loving touch that from the very first moments of birth many mothers are discouraged from expressing this, by having their babies routinely removed" (Walker 1995:17). He, however, avoids any statements about the less scientifically legitimized benefits of massage, such as energy transfer.

The Transformation of Infant Massage in Popular Literature

The trajectory of the writings of these four authors represent an ongoing shift in the way infant massage can be understood; infant massage has gone from being portrayed as an explicitly Indian engagement to one which is almost universal outside of the United States and some other Western countries, India being one of many. It is almost universal

(presumably in less-developed countries), and therefore "natural." Thus the West, particularly the U.S. has lost touch with the "natural" needs of babies and seeks to rediscover them. This naturalization has taken place in conjunction with the rhetorical strategies of decontextualization employed in the production of a universal infant-body. This naturalization of infant massage has facilitated its integration into biomedical, psychological/developmental and evolutionary models. This process begins even with Leboyer. Although Leboyer was less concerned with justifying the benefits of massage from a psychobiological/developmental framework than the later authors, he (an MD), like the other authors I discuss, refers the reader to Ashley Montague's 1971 book, Touching; the Human Significance of the Skin. "I would truly recommend that people who are seriously concerned read Touching by Ashley Montague. I wish I could quote the whole book from beginning to end. I am greatly indebted to Ashley Montague for providing such valuable information and scientific proofs for so much of what I have been doing and understanding intuitively" (Leboyer 1976:99).

Published prior to the appearance of clinical trials on infant massage, Touching was something of a Bible to early proponents of infant massage. In it, Montague presents a detailed overview of knowledge about the importance of touch in human development and human society. He outlines the history of investigations into touch-related issues; from Harry Harlow's 1950s research on rhesus monkey separation and attachment, and Benjamin's 1950s research on the effects of petting on rat development, to classic works on the separated child during the same time period, to current knowledge about the effects of "stimulation" on human infant development, to description of cross-cultural differences in patterns of touching among human societies, finishing with America, "The

impersonal childrearing practices that have long been the mode in the United States, with the early severance of the mother-child tie, and the separation of mothers and children by the interposition of bottles, blankets, clothes, carriages, cribs, and other physical objects, will produce individuals who are able to lead lonely, isolated lives in the crowded urban world, with its materialistic values and its addiction to things" (Montague 1971:391).

Infant development is frequently equated with animal development in medical and psychological development literature. The psychobiological model of infant development views the child as;

> both a biological and psychological system which proceeds developmentally from less complex to increasingly differentiated levels of organization...The neonate comes equipped with a programmed response repertoire which is designed to maximize the survival of the individual and the species...The infant elicits from the environment the responses necessary for his own survival and, at the same time, is affected by environmental forces, which include methods of care and handling, family structure, and physical setting, as well as the larger goals and expectations of the culture " (Landers 1989:169-170, after Lester and Brazelton 1982).

At birth, then, the infant is pre-cultural. As Paula Fass (a UC Berkeley historian) said at a recent conference on childhood held on the Berkeley campus to herald the publication of the Encyclopedia of Children and Childhood: In History and Society (Fass 2004), childhood is defined as "stretching from the biology of birth to the sociology of adulthood." The pre-cultural, biological, natural newborn may be subsequently molded by culture, but is characterized by an essential neutrality. This very neutrality of the infant-body has served to facilitate the entry of infant massage into both clinical science and popular culture.

From Leboyer's grateful acknowledgment of Montague's scientific proofs of his subjective experience, to the increasingly decontextualizing and naturalizing effects of

subsequent publications, infant massage in the United States has become formalized into an increasingly high profile public discourse. In fact, popular interest in and clinical research on infant massage have been co-productive of each other. Since McClure's book was first published in 1979, at least twenty other popular books on infant massage have been published, as have numerous instructional infant massage videos and DVDs. There are currently 15,000 certified infant massage instructors in the USA alone (International Association of Infant Massage website: www.iaiam-us.com/). Infant massage has become so popularized in recent years that it has been discussed in almost every imaginable popular media source, including major newspapers, Time (Tammerlin 1998) and Readers Digest (Colt 1998). These articles invariably make reference to the clinical work of Tiffany Field at the Touch Research Institute. Simultaneously clinical research investigating the benefits of infant massage has emerged and expanded.

To consider the question of the historical development of infant massage in America demands attending to the specificities of how infant massage is represented. While contemporary authors of general and medical massage books frequently and explicitly refer to both the ancient and early modern history of their profession, the authors of infant massage books published in the last twenty years look to a different genealogy, one where infant massage isn't historically situated, but rather timeless. No contemporary popular book about or medical article on infant massage I have seen makes any reference to the fact that infant massage was talked about in America prior to the 1970s. This history of infant massage is not being reclaimed from the dustbin of medicine, but from the original source: nature. As a place in the western imaginary, India serves as the locus of origin of infant massage, only so that it can be tied to the other, the

non-western, and the less-developed. This initial provenance is subsequently obscured, even erased in popular publications on infant massage and in the clinical publications detailing the benefits of infant massage (even while clinical massage techniques appear to derive in part from Indian infant massage). Thus, infant massage has been dislocated from both time and space. It (and its object: infants) is not only natural, its effects are potentially universal. In this form, and without the messiness of history and culture to contend with, infant massage enters the worlds of clinical medicine and the global marketplace.

JOHNSON & JOHNSON, TIFFANY FIELD, AND THE CREATION OF INFANT MASSAGE AS AN OBJECT OF CLINICAL RESEARCH

During the 1970s and 80s increasing amounts of clinical research investigated the effects of various forms of stimulation of pre-term neonates, sometimes labeled supplemental stimulation, sensorimotor stimulation or tactile-kinesthetic stimulation. Research on supplemental stimulation of pre-term infants was originally conceived to reproduce the effects of the inter-uterine environment for infants who had not been carried to full term. Movement, touch, and sound have all been subjects of experimentation (research on developmental differences between "normal" children and orphanage-raised children and the development of "kangaroo care" for preemies was also part of the wider research landscape). This critical genealogy of clinical research on the effects of touch intersects with the geneaology of infant massage in America in the person of Tiffany Field. Entering the developmental psychology field with her PhD in 1976, Tiffany Field began publishing on affect, separation, play, interaction, and high-

risk infants and children. In the 1970s she gave birth to a premature infant and learned to give infant massage in order to care for her (Mackereth 2001; Goodwin 2002). By 1986 she was affiliated with the University of Miami's medical school and co-authored a paper on the effects of "tactile/kinesthetic" stimulation of preterm neonates. Between 1990 and 1992 her research group published four more articles/book chapters; two use the "tactile/kinesthetic" stimulation terminology, and two use the term "massage." In 1992 Field founded the Touch Research Institute (TRI) (at the University of Miami medical school) with a start-up grant from Johnson & Johnson. After the founding of the institute, every clinical study published by her group referred to the effects of "massage" exclusively. This discourse shift is accompanied by an increasing tendency to treat "massage" and "touch" as synonymous in the TRI's clinical research: The overall framework is described as "touch therapy", the specific methodology is massage.

The earlier research of Field and her TRI colleagues focused on the effects of massage on pre-term, cocaine-addicted and otherwise low birth weight infants. Among their conclusions were that massage (not merely touch) resulted in a 28-47% increase in weight gain, presumably through the stimulation of the release of growth and food absorption hormones (Field 1995; Wheeden et al. 1993). Massage appeared to reduce infant stress levels (by lowering salivary and urinary cortisol levels) and resulted in more active children, with alert behavior and better developmental scores (Field 1995; Scafidi and Field 1996) and who could be discharged six days earlier with a hospital savings of $3000 (Auckett 1989:14).

More recently, the work of the group has expanded to consider whether massage is beneficial to depressed adolescent mothers (Field et al. 1996), autistic children (Field et

al. 1997; Escalona et al. 2001), bulimic adolescents (Field et al. 1998), and children with cystic fibrosis (Hernandez-Reif et al. 1999). Most of the research is funded by Johnson & Johnson and/or the National Institute of Mental Health.

Silences

Despite the productivity of the researchers at the Touch Research Institute and the broad range of medical problems for which massage in general and infant massage in particular has been tested, there are several notable absences in the clinical research of Field and her associates. For instance, in the course of building her research program, Field has developed a standardized massage routine where treatment groups receive three fifteen-minute massages daily[28]. These are the studies most frequently cited by clinicians, the media and the public when infant massage is discussed. Field does not make clear in her journal publications exactly how the details of the massage regimen used in her studies were developed. In her book, Touch Therapy (2000:3-5), Field said that the scheduling of stimulation (massage) periods was based on previous stimulation studies whose schedules had proven effective and that they chose to use a deeper pressure than had been used in some studies because infants behaved as if they liked deeper pressure. In two interviews she has acknowledged that her own daughter had been born

[28] "Massage therapy was provided to 50 infants for three fifteen-minute periods at the beginning of 3 consecutive hours during a 10-day period. The first massage therapy session began approximately 30 minutes before the noon feed. The subsequent sessions began 45 minutes after completion of the previous one. The 15-minute session consisted of three standardized 5-minute phases. The first and third phases were stroking different body parts, and the second phase was moving the upper and lower limbs into flexion and extension" (Scafidi and Field 1993).

prematurely 26 years earlier and that massaging her was very effective (Mackereth 2001, Goodwin 2002).

Only one of twelve articles (related to infant massage) authored or co-authored by Field which I reviewed implies a connection between Indian infant massage and the techniques used in her research. This article begins by referring to India and to Cuba, Samoa, and pre-contact New Zealand as places where infant massage is/has been practiced. Although never suggesting what the genesis of her techniques might have been, Field refers to the increased popularity of infant massage in the United States and the fact that the techniques used by infant massage therapists in the U.S. are "based primarily on the teachings of two massage therapists who trained in India"[29] (Field 1995). This is a similar treatment to the chapter in her book, Touch, (Field 2001) where Field begins with a reference to infant massage in Nigeria, Uganda, India, Bali, etc., followed by the claim that infant massage has only recently been discovered in the Western world (but India is not highlighted in any way). She then refers to the influence of Auckett and McClure, and then discusses the findings on her research on the effects on infant massage. It is notable that although a link between her work and Indian massage techniques is suggested, it is only suggested. It is also notable that in two published reviews of broader massage research (adult, child and infant), Field characterizes massage as an "ancient" practice, known historically in India and other countries; (all with well known "ancient" civilizations and medicines) China, Greece, and Egypt among them (Field 1998; Field 2002). This characterization is in stark contrast to infant

[29] This is said in reference to Auckett and McClure, although they do not describe themselves as having 'trained' in India

massage, which when treated individually, is either left without provenance, or is linked to less-developed sites.

In addition to being vague about the origins of her massage techniques, Field and her colleagues have not conducted research on the varying effects of *different* massage techniques. In an interview on the National Public Radio's program The Infinite Mind, Field was asked if the different forms of massage (Swedish, acupressure, etc.) were found to be of equal effectiveness in her studies. She responded, "Nobody has compared the different forms of massage, so I—I—I really can't answer that question" (Goodwin 2002). This is surprising given the variety of massage techniques seen in North America, the world, and even among households in Dehra Dun. Anyone with a passing knowledge of massage might expect comparisons of different types of strokes, directionality of strokes (to and away from the heart), amount of pressure used, and differing attention to specific parts of the body to be worthy of study. The impetus, it seems, is to demonstrate the universal applicability of massage, not to investigate particular massage modalities or systematically develop more efficacious massage treatments.

It is also notable that Field herself acknowledges that there has been very little research conducted on massage of healthy infants (Field 2001). She makes two references to an unpublished study conducted by her group into the effects of massage on normal infants, stating that massage helps normal infants have more "organized sleep," to go to sleep faster than when they are rocked, to gain weight and to show fewer sign of stress (Goodwin 2002; Field 1995). She is also co-author of one published study which suggests that massage enhances recovery from habituation (a Brazelton Scale assessment of how well infants discriminate changes in stimuli) in normal infants (Cigales et al. 1997).

Also lacking in the medical literature are studies testing the comparative efficacy of oils. Field and her group have published only one study looking at the effects of oil in massage. This study demonstrated that infants who received a massage with oil (Johnson & Johnson baby oil) showed a greater reduction of stress indicators than infants massaged without oil (Field et al. 1996). This study is notable in its isolation and in terms of the relatively obscure journal it appears in; the Journal of Prenatal & Perinatal Psychology and Health. This stands in sharp contrast to her otherwise very accessible published studies which appear in well known psychology and pediatrics journals. The marginalization of this study and the complete absence within Touch Research Institute publications to the examination of potential differing effects of specific oil types are likely indicative of the restrictions placed on medical research by editorial policies and/or the specific criteria of funding bodies.

In an interview published in Complementary Therapies in Nursing and Midwifery (Mackereth:2001), Field pointed to the difficulty of obtaining research funds for massage studies because of skepticism about massage and its association with "risqué" establishments. She also discussed Johnson & Johnson, and how their funding can only be applied to pediatric research. For other massage research they need to find funds from other sources. But "Johnson and Johnson are into mothers and babies. So long as we do baby massage research and have mothers and fathers involved, they are happy. Their whole slogan is 'touch their todays, touch their tomorrows.' They show touch photos. That is basically their big advertising theme. They are really into touch" (Mackereth 2001).

Johnson & Johnson are indeed "really into touch" as the next chapter will further demonstrate. They are so "into" touch that the published research they have funded has effected a discourse shift, wherein what was once known as "tactile kinesthetic stimulation" has been transformed into "massage." This shift is made even more generic through the substitution of "touch" for "massage." Their research funds are directed towards research that shows the universal benefits of massage/touch through its application to a variety of ills. Touch, in fact, is so generic that it defies specification; cultural origins are obscured or erased. It is so all-powerful that research into specific touch modalities is unnecessary or excluded. Oils (as media and cultural objects) are left essentially unexamined; they would only interfere with the project of establishing the primal nature of touch. De-emphasizing any specific benefits of oil for massage serves Johnson & Johnson's interest even in the promotion of their own oil for massage. Johnson's baby oil can be promoted as "pure" and "gentle." Not only does the oil not have characteristics which would interfere with the benefits of touch, its purity resonates with and reinforces the uncontaminated universal touch they promote through their research and advertising. It will become apparent that the Johnson & Johnson massage/touch complex is not so much characterized through its essential qualities, but through its essential nature.

Touch has been rendered fit for science and for marketing. The products in question being sold may be material: an oil for giving massage, a book about massage, professional massage services. In the case of Johnson & Johnson, the product is also touch itself. Clinical research on touch (massage), the professionalization of infant massage specialists, and popular literature on massage have been remarkably co-

productive; Field writes introductions to popular massage books. The authors of those books refer to Field's research in establishing the benefits on infant massage. The book of one author (McClure) is used as the basis for massage taught by certified infant massage therapists who sell this book and others, including Fields', on their website.

INDIA: LATE 1990s

This naturalized, universalized and medicalized infant massage complex has now been imported back to India in the form of popular books, medical discourse and private enterprise. Many of the glossy infant massage manuals available in American bookstores are now also available in the bookstores of upper-middle class neighborhoods of urban centers such as Dehra Dun and Delhi. Infant massage has not been given the same attention by Indian authors and publishers (at least not in English-language publishing). Out of approximately fifteen bookstores I visited in Delhi and Dehra Dun, I was able to find only two books published in India (one on massage and one on child care) that mentioned infant massage. One, Massage; Orient Way of Health (Khanna 1999) describes "holistic," Shiatsu and reflexology massage, as well as infant massage based on "the traditional Indian art of massage" (Khanna 1989:128). The "holistic" massage sounds much like Swedish massage, although it also incorporates healer intuition and healer-patient communications. Infant massage is promoted as a means of bonding with a child, protecting its skin, helping it grow (pediatric research on massage and growth is alluded to), and helpful in promoting sleep and healthy feeding. Arya's Infant and Child Care (1996) mentions infant massage only in passing when instructing mothers on

bathing infants. He recommends "gentle" oils, and cautions against overzealous massage which might cause skin infection or otherwise harm the child.

Johnson & Johnson are promoting infant massage in India, to medical professionals and the general public and through campaigns promoting the benefits of "touch". The promotional materials they provide physicians in India include numerous references to the TRI studies. They also sponsored Tiffany Field to speak at the 1998 Indian Pediatrics Conference held in Jaipur. Johnson & Johnson also reaches huge numbers of Hindi and English speaking women through magazines; not only in advertisements but in special "baby issues" of popular women's magazines like "Femina" (English language magazine), and "*Griha Lakshmi*" (Hindi language magazine), wherein they promote the use of their products for infant massage and give instruction for massage and other child care activities. The dynamics of the production and promotion of information between clinical researcher, multinational corporation and individual physician acts to reify a particular model of massage as the "correct" one and is enormously influential.

The blessings conferred by science on infant massage are met with substantial enthusiasm in contemporary India. Transfiguring "traditional" knowledge into "modern" form through the legitimizing framework of scientific discourse is both a topic of popular debate and a critical element of modern India's nation-building project. (see Langford 2002 for a discussion of this in relation to Ayurveda, and Prakash 1999 for a broader treatment of science in modern India). The modernity of traditions might be established through rhetorical strategies intended to confirm the intrinsically scientific nature of ancient treatises and practices, through the employment of high-tech equipment in

research and development of "traditional" products, by the use of scientific experimentation to prove the efficacy of such products, or through more overt political maneuvering. One such case occurred during my time in India when the BJP government began a program to implement the teaching of Vedic Astrology in the science faculties of major Indian universities. The ubiquitous nature of the desire for making the traditional modern became apparent to me in conversations as diverse in topic as the design of local irrigation systems[30] to the apparent absence of Indian science-fiction literature[31].

Clinical Research on Infant Massage in India

Given the high profile that Johnson & Johnson gives the TRI clinical studies in their Indian promotions, it is not surprising that some researchers in India have begun their own clinical investigations into the potential benefits of infant massage. The form these studies have taken, however, is significantly different from the TRI projects. A 2001 study reported in Indian Pediatrics suggested that "tactile-kinesthetic stimulation, given as a structured massage" significantly increased growth of healthy pre-term neonates (Mathai et al. 2001). A 2000 study in the Indian Journal of Medical Research examined the effects of massage and of oil independently on the growth, blood flow and sleep pattern of 125 full-term born healthy babies (Agarwal et al. 2000). They reported numerous benefits with massage and with some oils, in particular, sesame oil. Related

[30] The director of a local NGO promoting the virtues of "traditional" low-tech pumps in ecological terminology

[31] A pet project of mine was "why is there no Indian science fiction industry?" My hypothesis centered on sci-fi being the literature of the colonizer, but I have been told on more than one occasion, "Vishnu flew in a spaceship and shot a ray gun. Why should we get excited about spaceships and ray guns now when we've always had them around?"

earlier studies had considered whether applying oil to an infant as in a massage could provide warmth and/or nutrition to the child (Fernandez 1987), and whether neonatal bathing could endanger infants for hypothermia (Iyengar and Bhakoo 1991). A bit further afield, multinational research teams which include South Asian[32] researchers have published research suggesting that the application of oils through massage might be beneficial to pre-term infants in developing countries whose epidermal barrier has been compromised (Darmstadt et al. 2002), and comparing the effects of "traditional oil massage," the "kangaroo" method, and a plastic swaddler on neonatal body temperature (Johanson et al. 1992). All were found to be equally effective.

In this body of research it is explicitly recognized that infant massage is a common household practice in South Asia. While some physicians seek to replicate the results of infant massage studies conducted in other parts of the world, others are recognizing the particular Indian nature of infant massage. They are researching its potential as a technology for the care of normal infants, not necessarily for the treatment of pathology in the form of premature birth and below-normal size. They recognize that infant massage occurs in association with a constellation of child-care practices, including bathing. They are also investigating potential benefits of massage given the particular challenges to infants in developing countries, including skin infections and neonatal hypothermia. And they are seriously considering the role of oil in infant massage, and testing whether the differing qualities of oils used in massage could convey differential benefits to infants. Indian (and to a lesser degree, South Asian) researchers are thus contesting some of the medicalized and naturalized qualities attributed to infant massage by "Western" scholars over the last two decades and are reclaiming infant

[32] Including researchers from South Asian countries other than India.

massage as a specific regional practice. But they are doing so within the paradigm of biomedicine, and in making "natural" bodies "national," making a unique contribution to the larger nationalist project of framing the traditional as modern through association with, and the production of, scientific knowledge.

Vimala Schneider McClure in India

During the last month of my stay in Dehra Dun I spent some time with a Sikh family who had a newborn baby boy. I met the baby and his mother Puneet in Dr. Patniak's nursing home and watched the nurses massage and bathe little Anmol (meaning "precious", a nickname). Two weeks after returning home with her son, Puneet invited me to come visit her to watch the *dai* the family had employed massage the baby. They were a prosperous professional middle-class family and, like many such families I met in Doon, they were three generations living in one household; Anmol and his eight year old brother (who attended one of the many prestigious local English language schools), the baby's parents, (Puneet spoke fluent English; her husband Amardeep wasn't quite as fluent) and Amerdeep's mother, the baby's *dadi*, who spoke to me in Hindi. Her mother-in-law lived in the home and Puneet herself had witnessed many babies be massaged prior to having her own children. Nonetheless, Puneet told me she learned how to massage babies from the *dai* who massaged her first-born, as well as from a book, "an imported book," her mother-in-law's brother bought for her in Delhi. She had also removed the centerfold of a "Femina" magazine baby special—an advertisement for

Johnson & Johnson's baby products[33]--and tacked it onto the wall of the bedroom where she, her husband, and their children slept. She told me that she thought that people had become much more aware of infant massage because of such magazines and books. I had met a few other people in Doon who also claimed to have read books about baby massage, but Puneet was the only person who was able to actually produce the book she had read.

Several months after returning from my fieldwork, I returned to the book I had copied before leaving Dehra Dun. It was titled A Handbook for Loving Parents, the author listed merely as "Schneider," and the publisher "Parichay Overseas, New Delhi." No copyright date was given. The similarities between this book and my own copy of Vimala Schneider McClure's (Bantam Books) Infant Massage: A Handbook for Loving Parents (1989) were immediately apparent, but I had to locate a copy of the original edition of her book, also published by Bantam in 1979 under the name Vimala Schneider, to see how the book had been subtly transformed. The original Bantam Books edition begins with a dedication to "Shrii Shrii Anandamurtjii and to all the little children who shared their Light with me especially my beloved Narayana and Sadhana." A short poem by Richard La Galliene follows this, and on the facing page is the Table of Contents which lists a Foreword by Walt Schafer, Ph.D.. This is followed first by a Preface by Stephen Berman, M.D., and next an Introduction and a listing of chapters. The Parichay version of the book includes the poem but no dedication, forward, or preface and has an altered introduction. Without the foreword some commentary on the importance of touch and many references to Vimala Schneider's work is lost, "I was highly impressed with

[33] This is the same four-page advertisement showing several racially diverse babies with the caption "Johnson & Johnson the language of love" that will be discussed in a later chapter.

Vimala's depth of understanding about child development, bonding, human anatomy, stress management, and more." The preface that was removed from the Parichay version of the book also promotes the importance of touch and massage with references to the author, including, "In her book *Infant Massage: A Handbook for Loving Parents*, Vimala Schneider introduces us to a form of parenting which has been practiced for centuries in India." The Parichay version does have an introduction, but instead of presenting us with Schneider's entire original text which describes her experiences of learning infant massage in India, it cuts out all but the last, passages dealing with the author's attempts to decide on gender terms when discussing babies and her reasons for referring to the child's primary masseuse as "Mother." This introduction is in a different typeset from the rest of the book and is followed by the typed "signature," "Schneider". In every other respect the Parichay version of the book is a chapter for chapter copy of the original, with identical typesetting, formatting and photographs. It appears to be an exact copy with the described sections cut out or altered and the one partial introduction passage re-set.

This Delhi re-publication accomplishes the effective removal of any reference to India, Indians, or to "Vimala"[34] as a possibly Indian person from the book. It is a particularly explicit and extreme example of one strategy in the marketing of infant massage in India: the tendency to minimize or deny the "Indian" qualities of and local associations with massage. While the research publications of Indian clinicians can be seen as a response to the generalizing and ostensibly a-cultural research being produced in the United States and as an attempt to recontextualize infant massage as "Indian," the re-publishers of "Schneider's" book engage in tactics of erasure, completely disassociating infant massage from India. As I will show, these are only two cases of

[34] "Vimala" is Hindi for "pure".

many in the business of infant massage in India. The global and the local, and the traditional and the modern are configured (and obscured) in multiple ways in the marketing and consumption of infant massage. Massage might be promoted or sold directly, through books, television shows and research, but very often it is the media for massage; oils, which are the most aggressively marketed and which come to stand for infant massage and all of its effects. The next chapter introduces the subject of oils and massage, both in the context of "traditional" Ayurvedic medicine and in the local marketplace in Dehra Dun.

CHAPTER THREE

THE MEDIUM IS THE MASSAGE I: OIL FOR INFANT MASSAGE

INTRODUCTION

What do Oils Mediate in Infant Massage?

Oils are critically important for Indian massage; Indian massage is by definition oil massage, and the suggestion that massages might be done using powder, cream, or in the absence of media altogether is generally treated there as nonsensical. In this dissertation I intend to demonstrate that infant massage is made to stand for many things in India: tradition, modernity, the individual, the nation, purity and pollution. Accordingly, I see oils as not merely functioning as media for massage, but as substances that, through and in concert with massage, mediate social, economic, and even political relations. A focus on oils then, becomes a way to see competing and complementary discourses on infant massage in a larger context. In this chapter I introduce the subject of oil, and consider the treatment of oils in classic and contemporary Ayurvedic texts, and in terms of local market availability and household use in Dehra Dun.

OILS AND MASSAGE IN CLASSIC AYURVEDIC TEXTS

Even the most casual reader of the two best-known foundational texts of Ayurveda, the Caraka Samhita (Caraka's Compendium) and Susruta Samhita (Susruta's

Compendium)[35] will be immediately struck with the pervasiveness of prescriptions for the use of oils. Current scholarship suggests that the earliest version of the Caraka Samhita was composed in the second or third centuries, AD (Wujastyk 1988:40). It is composed of sections on pharmacology, food, diet, disease causality, philosophy, anatomy, embryology, pathology and therapy. The Susruta Samhita in its present form dates to about AD 500, although it is believed that earlier versions, which were focused mainly on surgery, originated some centuries earlier and were revised and elaborated on over time (Wujastyk 1998:105). In addition to surgery, the present form of Susruta addresses the origin and division of what might be known today as medicine, diet, therapy and therapeutic substances, poisons, opthamology, anatomy, philosophy, anatomy, the care of children, and dentistry.

Ayurveda translates as the knowledge or science for longevity (Wujastyk 1998). Vaidyas, Ayurvedic practitioners, counsel patients to improve their health by harmonizing the mind and body. This harmonization can be accomplished through herbal remedies, massage, yoga and pulse diagnosis (Goldman 1991) Herbal remedies are classified into three categories: vegetable products, animal products, and metals and minerals, vegetable products being the most commonly used (Smitherson and Harber 1991). In Ayurveda, physiology is categorized in terms of humors, semi-fluid substances in the body responsible for its regulation. While frequently and popularly characterized as a hot/cold dichotomy, substances, illnesses and treatments actually reflect a complex set of relationships between the three humors (wind/*vata*, bile/*pitta* and phlegm/*kapha*), six savors (sweet, acid, salty, acrid bitter and astringent) and ten pairs of contradictory

[35] These are the two foundational and most-cited Ayurvedic texts. Others include works by Vagbhata, Madhava, Sarngadhara and Bhavamisra. Origins range from AD 700 to the 16th century (Wujastyk 1998:13).

qualities (heavy/light, cold/hot, victuous/dry, sluggish/lively, solid/liquid, tender/hard, dessicant/lubrifying, smooth/rough, subtle/crude and viscous/fluid) (Zimmerman 1988). Diseases are classified differently by various authors, but may be considered to arise from imbalance in the humors; often resulting from conditions such as defects of semen and blood, improper conduct, improper diet, wounds, fear, anger, excesses of cold or heat, lack of hygiene, transgressions against gods and elders, and black magic and sorcery, among others (Jaggi 1973:123). Ayurveda has two objects-preservation of the health in the healthy and treatment of disorders in the diseased (Susruta 2000:491-5). Oils and massage are employed in both. In both compendia, oils are used in the treatment of almost every category of disease: they are poured on or rubbed into the body, ingested, the smoke produced by their combustion is inhaled, and they are poured or otherwise inserted into every bodily aperture. Oils are valuable in medicine and massage both because they possess intrinsic properties that offer benefits to their users, and because of their ability to absorb the qualities of substances they come in contact with, thereby acting as media for transmission of those properties.

Types of Oils;

According to Caraka, there are two major categories of oils: mobile and immobile, mobile oils being those of animal origin and immobile oils those of vegetable origin. (Caraka 1996a:95) There is no reference to mineral oil in either Caraka or Susruta. Oils in Ayurvedic texts are of four kinds; clarified butter (*ghee*), oil, fat and marrow (Caraka 1996a:6). Body fat is situated in the muscles, the abdomen and mixed with blood

in the small bones, while long bones contain marrow (Susruta 2000:152-3). The use of oils, whether external or internal, is governed by the season. For instance, *ghee* should be drunk in the autumn, fat and marrow in the spring, and oil in the season of rains. One should not drink oils when it is very hot or very cold (Caraka 1996a:96). Oils are used in order to confer their specific benefits to the user and as a media for mixing in other medicinal ingredients. Oil is used externally on the body as anointing or massage, both to obtain the benefits of the oil, and to prepare the patient (by inducing sweating) for other treatments such as purging and induced vomiting. Of the various oils used for infant massage in Dehra Dun, three find mention in the Caraka Samhita: *ghee*, sesame oil and mustard oil.

Ghee, Mustard Oil, Sesame Oil

All three oils appear as ingredients in prescriptions for a wide variety of illnesses and wounds. The qualities of the three oils vary: The oil of mustard seeds is "pungent and hot and injures blood and bile; and destroys phlegm, the vital seed and the wind, and alleviates itches and urticaria evanida" (Caraka 1996a:246). Mustard oil, like many other plant-based oils, is used as the media for delivery of other medicinal ingredients such as might be mixed into it. Mustard oil is combined with other ingredients, for instance cooked with *hing* (asafetida), coriander seeds, and dry ginger and poured to fill the ear to cure earache (Caraka 1996c:1168). In Ayurveda, however, *ghee* and sesame oil are singled out as possessing the ability to become themselves imbued with the qualities of other substances with which they come in contact;

> *Ghee* strengthens the memory and the understanding, the digestive fire, the element called *ojas*, phlegm and serum. It is destructive of wind, bile, poisons, intoxication and insanity, waste, ill-luck, and fever. It is the foremost of oily substances, cool, and sweet in both taste and assimilation. When mixed, agreeably to the ordinance, with the proper substances, it becomes endued (sic) with a thousand kinds of energy, and operates in a thousand ways (Caraka 1996a:240).

> Of all kinds of oils, the oil that is produced from Sesamum Indicum is the best for purposes of giving strength and of emollients...Of all oils extracted from mobile sources, *ghee*, fat and marrow are regarded as the foremost. Among these again, *ghee* is the best in consequence of its adopting the virtues of those objects with which it is mixed for curing it (Caraka 1996a:96).

Sesame oil is both so potent and so combinable, that "If improved by admixture with other articles, the oil of sesame is regarded as capable of alleviating all diseases" (Caraka 1996a:246). The following discussion will demonstrate that oils are generally well-suited to treatment of diseases of imbalance of the wind. Sesame oil is the preeminent oil for this purpose;

> In subsidiary taste, the oil (of sesame) is astringent. It is sweet, capable of penetrating into even the minute nerves of the body, and hot. It operates as an aphrodisiac, enhances the bile, retains both faeces and urine, and does not increase the phlegm. It is the foremost of all things that are destructive of the wind. It is a tonic; it improves the skin, memory and intelligence, and the digestive fire (Caraka 1996a:246).

Thus, sesame oil, mustard oil and *ghee*, all associated with infant massage in contemporary India also find mention in the foundational texts of Ayurveda, with sesame oil and *ghee* given special consideration for their particular properties. The oils have multiple benefits in and of themselves, but are also valued in textual tradition (as in contemporary practice) for their ability to transmit the properties of other ingredients to

the user. In Ayurveda, *ghee* and sesame oil are singled out for this purpose, but in Dehra Dun, it was mustard oil which commonly had herbal ingredients added. After heating, the oil was considered to contain the benefits of the herbs as well as its own intrinsic properties.

Benefits of Oil/Massage; General

The use of oils in Ayurveda is part of *Snehana* (Oleation) therapy: procedures or substances which produce external or internal lubrication of the body, making the body unctuous, soft and moist by administering oils, *ghee* or other fat. Unctuousness is accomplished through the binding of "the minutest cells together" (Sharma 2002:40-1). Ayurvedic texts are peppered with allegory; for instance, a dry stick can't be bent without application of oil to it, likewise the human body needs to be oiled to be flexible. Oil may simply be applied, but when it is to be used for massage, massage is directed to be administered in a downward direction that is away from the heart (over larger areas or big organs). Over joints and lower back, massage is to be performed in circular form. The main purpose of massage (apart from the properties of the oils) is to stimulate the blood circulation of internal organs (Credited to the Astanga Hrdaya Sutra) (Sharma 2002:77).

In the Charka Samhita, the general benefits of the regular use of oil are described:

> Of one whose head is every day saturated with oil, headaches never appear, nor baldness, nor the effects of decrepitude; the hair of such a man does not fall off.
>
> The head and skull in particular, of such a man acquires great strength. His hair also becomes black and long and their roots become very strong.

By anointing one's head with oil one's sense become clearer, and the skin of one's face becomes good; one gets to sleep easily, and one feels ease in every respect.

By applying oil every day to one's ears, one becomes free from all disorders of the ear born of wind, wry-neck, lock-jaw, hardness of hearing and deafness.

As an earthen jar if saturated with oil, or a piece of leather if rubbed therewith, or the axle of a car or cart from application of the same substance, becomes strong and capable of resisting wear and tear, even so, by the application of oil, the body becomes strong, the skin improves and all disorders due to wind are dispelled. Through such means the body also becomes capable of enduring exercise and fatigue.

The wind is chiefly instrumental in the sense of touch. The sense of touch has the skin for its refuge. For the skin, the application of oil is highly beneficial. Hence, one should daily anoint the skin with oil.

The body that is daily anointed with oil, if subjected to any impact or violence, never develops consequences that are very injurious. Nor are such consequences observable if such a body is subjected to any kind of violent exercise.

A person, by using oil every day, acquires smoothness and fullness of limbs, strength and beauty of form. When overtaken by decrepitude, slight symptoms only appear.

Harshness, dryness, heat, fatigue and numbness of the feet, as also clearness of vision are acquired, and all disorders born of wind become relieved (by rubbing the feet with oil).

Delicacy, strength and steadiness of the feet, as also clearness of vision are acquired, and all disorders born of wind become relieved (by rubbing the feet with oil).

By rubbing the feet with oil, the feet become free from sciatica, rhagades of the soles and all kinds of contraction of the nerves and the tendons.

By rubbing the body with fragrant unguents, bad odor, heaviness and lassitude of the limbs, itching, filth, loss of appetite and the bad effects of excessive sweating are all destroyed (Caraka 1996a:46-7).

> Through use of oil, Daitya chiefs, in days of old, transcended decrepitude and change, and became capable of bearing great fatigue and putting forth great might in battle (Caraka 1996a:246).

The use of oil is part of a daily routine recommended by Susruta that includes cleaning the teeth with fresh twig, soft brush and powder, gargling, bathing, applying collyrium to the eyes, chewing betel leaf, massage and physical exercise. Either oil or *ghee* may be used depending on circumstances (Susruta 1999:491-5). Massage is also codified as part of Panchykarma, or purification therapy; a daily regimen intended to purify or cleanse all of the body tissues and to bring about the harmony of tridosa. It is said to produce beneficial effects of long duration (Sharma 2002:21).

While oils are used in the treatment of diseases of many kinds, diseases of the wind are successfully treated by the use of "*ghees*, oils, fat and marrow (of different kinds) for use as drinks, fomentation[36], rubbing the body with, and injections (into the rectum)" (Caraka 1996c:1193). "Oil cures all the faults of the wind. It reduces Phlegm. It enhances strength. It is beneficial for the skin. It possesses the property of heat. It contributes to the durability of the body. It corrects the faults of the sexual organs" (Caraka 1996a:96).

The qualities of wind and its potential dangers change with the seasons. Oil and massage are particularly beneficial during the cold and rainy season, as wind becomes cold in the cold season. "Of him who in this season habitually takes milk (and its preparations), the diverse preparations from sugar, fat of animals, oil and new rice, and who drinks hot water, the period of life is never lessened. In this season, the body should

[36] Application to the surface of the body

be rubbed with oil, chafing the limbs in an upward direction. Oil should be applied to the head. Perspiration should be caused by staying within a heated chamber" (Caraka 1996a:52). Additionally, in the season of rains, "wind becomes injurious. In this season one should cause one's body and limbs to be rubbed, chafed and cleansed" (Caraka 1996a:52).

In keeping with the general tenets of Ayurveda, oils and massage are prescribed in classical Ayurvedic texts both to promote and restore health. Oils confer flexibility, beauty, strength, and improves the senses of sight, touch, and hearing. It encourages the healthy growth of hair, peaceful sleep, general contentment. It also provides the body protection against future injury and fatigue. Oil massage improves the circulation, and both anointment and massage with oil are curative of certain medical conditions. Bodily needs and environmental threats are seen to vary seasonally, and the importance of massage is particularly stressed in the cold and rainy seasons. This sentiment was frequently reflected by the inhabitants of Dehra Dun, who also considered the needs of infants to change according to season or individual circumstances; chills were especially feared in the winter and rainy seasons and special attention was paid to massage during those times; a preference for the use of heating oils was especially common. It is noteworthy that in Dehra Dun, it was widely denied (by townspeople, physicians, midwives, and two Ayurvedic physicians interviewed) that there was any relationship between infant massage and Ayurvedic massage. Ayurvedic massage was described as something used exclusively for the treatment of disorders, and the language of Ayurveda (as described in the examples given here) was not used in discussions of infant massage. Nonetheless the constellation of benefits of oils and massage described in Ayurvedic

texts does closely resemble the profile of benefits that oils and massage confer to infants in the present day. These will be fully described in Chapter 5.

When reading these Ayurvedic texts it is sometimes difficult to distinguish if the benefits of oil massage derive from the effects of the oil or from the effects are from the mechanics of the massage. It is also not always clear when an oil is simply poured on, applied by the hand, or deliberately massaged in. While oils clearly have uses distinct from massage, massage must be done with oil; an oil-less massage is a nonsensical concept, and so conceptually, the boundary between "oiling" and "massage" is necessarily slippery. The epistemological challenge is to recognize that "oil" and "massage" may not represent wholly discrete categories. This text-based conceptual slipperiness is matched by a similar reluctance to separate massage and oiling in contemporary infant massage. Massage is sometimes called an "oil-bath," and what was described to me in one case as "massage" was essentially an oil-bath (Government hospital anecdote, Chapter 5). Babies' bodies may be bathed with oil, or massaged, and their heads are often oiled, and sometimes pressed to shape; something like a massage but also somewhat different. The benefits of massage and oil are the same; for instance, imparting strength and heating the body. It is often only when a parent discovers that the baby oil they are using doesn't seem to be "working" for them that the benefits of specific oils are considered carefully in distinction from the benefits of massage itself. Thus, the massage *is* the medium and the medium is the massage.

OILS AND MASSAGE IN CONTEMPORARY AYURVEDIC TEXTS

In contemporary texts on Ayurveda or medicine in India, massage is most commonly presented in the form of directions for massage in classical Ayurvedic texts. In Zysk (1991:95) there is a reference to Susruta prescribing massage for "wind in the joints." Svoboda (1992:97-98, 107-108) relates Caraka's and Susruta's directions for massage: use oils digestible by the skin; massage to move the body's energy downward or upward depending on the desired direction of *vata* flow; use different oils in different seasons.

Another contemporary example is Johari's (1996) popular book on Ayurvedic Massage. He describes the use of massage in "traditional" contexts, explicates *tridosa* (the three humors) theory and the effects of massage on the *dosas*, details the process of energy transfer, and explains the importance of using particular oils in particular circumstances, taking into consideration their utility in providing friction, producing heat and their humoral and pharmacological properties (when absorbed through the skin). Interspersed are biomedical explanations of the physiological benefits of massage. This author also characterizes massage as intersubjective and communicative.

These writings demonstrate a tendency to conflate the prescriptions of ancient texts with contemporary discourse and practice. Instructions from Caraka fall alongside references to popular practice, biomedical claims, and psychological and pop-psych theory. All are combined, undifferentiated into a model of "traditional" medicine in India which carries with it the authority of both ancient and modern science arranged in an

accessible and inviting package. Thus Ayurveda is configured as a timeless practice; universal and authoritative.

Scholarly treatises on Ayurveda have come from a variety of perspectives, including diffusionist (where does it come from, how is it related to Greek or other ancient medical systems) (Filloziat 1964), structural/descriptive (what are its parts, categories) (Basham 1998; Svoboda 1992), historical (how does it relate to the history of knowledge in India) (Zysk 1991; Zimmerman 1987), Ayurveda and modernity/post-colonial revivalism (Brass 1972; Leslie; 1998; Langford 2002), and Ayurveda and the marketplace (Cohen 1995; Nichter 1989). It is through a brief consideration of works on Ayurveda and modernity that these contemporary texts may be better understood.

Brass (1972) looks at modern Ayurveda as a major revivalist movement. He describes the Ayurvedic movement as an "unusual case of penetration of the political system by educational interests who have failed to establish a viable educational structure and who make use of the political system to maintain themselves" (Brass 1972:343). He is careful to distinguish traditional systems of medicine practiced in contemporary India from the medical science described in ancient texts. Part of the ideology of modern Ayurvedic movements reflects the belief that current practices have degenerated due to long periods of foreign rule. The state is therefore called upon to support the restoration of 'indigenous' values. Brass uses the case of Ayurvedic revitalization occurring simultaneously with the continuing support for allopathic medicine to question the notion of a uniform process of westernization in developing countries, The history of the Ayurvedic movement presents an example of a dual approach to the question of

modernization in a society engaged simultaneously in a process of technological development and cultural revivalism" (Brass 1972:349).

Leslie (1998) highlights the ambiguities of revivalism of both Ayurveda and Unani medicine. Considering the ways that both Unani and Ayurveda have been professionalized since the beginning of the nineteenth century, he identifies two major ambiguities: first, that the "syncretic" medical traditions (wherein aspects of Unani traditions found expression in "Ayurvedic" practice) were part of the Ayurvedic traditions the revivalists themselves believed in, yet the ideology of revival asserted that the Unani tradition was partly responsible for the decline of Ayurveda. In the second case of ambiguity, Ayurveda is being "revived" through the adoption of institutional forms, concepts and medicines from "cosmopolitan" medicine, which are simultaneously blamed for the further deterioration of Ayurveda. Leslie suggests that social or religious conservatism need not always impede modernization; rather, in the case of revivalist movements, "conservatists" may be "powerful modernizing forces" (Leslie 1998:358)..

Langford (2002) recognizes the narratives of decline in Ayurveda and the relationship of the forms Ayurveda has taken in the twentieth century as a negotiation with colonialism and biomedicine. One of the objects of her book is to show how contemporary Ayurveda is "simultaneously modern and in tension with modernity", suggesting that Ayurveda takes on the forms of the modern "while simultaneously retaining the promise of redemption from the modern" (Langford 2002:17). Ayurvedic revivals led to the turning away from contemporary practice and towards the ancient texts, such as those of Caraka and Susruta, placing Ayurveda in the hands of high-caste Sanskrit literate scholars and discrediting local practitioners who "did not fit a middle-

class image of professionalism" (Langford 2002:86). She suggests that for Ayurveda to claim the status of other national medicines, it was necessary to frame it as both scientific and secular; however, as Ayurveda became framed as scientific, it was simultaneously framed as an aspect of Indian "spirituality," a sacred sign of the nation. "Once practitioners began to reconceive Ayurveda as a sign of the nation, they were faced with the task of packaging it for the nationalist movement and later the Indian state as a standardized medicine commensurate with biomedicine. Increasingly, then they addressed a disequilibrium not just in the physical body or the social body, but also in the body politic, specifically the part of the body politic that governed medicine itself" (Langford 2002:99).

The simultaneous and seamless melding of science, practice and ancient texts so often found in contemporary Ayurvedic works can be seen as a way of establishing not only the authority but the authenticity of Ayurveda in the modern world. While the quest for authenticity may take many forms, Langford reminds us that these individual projects are also part of a larger project, that of healing bodily and epistemological wounds within the context of the national wounds that are the legacy of colonialism and its forms of knowledge.

USE OF OILS ON MOTHER AND NEWBORN IN CARAKA AND SUSRUTA

Caraka and Susruta direct that oils be used for newborns and their mothers. For example, when a women becomes hungry after giving birth she should be given as much *ghee*, oil, fat and marrow as she can drink (Caraka 1996b:536). Her diet in general should

be unctuous, and she should be massaged with a strong oil for two or three days after birth. They both direct that the newborn's head should be anointed with oil, be it vegetable oil, "The crown of the newborn's head should be covered with a cotton pad soaked in oil" (Caraka 1996b:533), or *ghee*, "After birth, a cotton swab soaked with *ghee* is placed on his head, then "after massaging with bala-taila[37], he should be bathed..." (Susruta 1999:227).

Beyond that one reference, neither of the consulted translations of the Caraka Samhita or Susruta Samhita make any mention of a daily infant massage routine. However, Caraka tells us,

> The 'dosas' (lit. faults, *viz* the three principles of Hindu pathologists, plainly the three humors- wind, bile and phlegm), 'Dusyas' ('Dhatus' or ingredients of the body which are affected or vitiated by the 'dosas'), 'Malas' (impurities of the body), and the diseases also (with the medicines that cure them); which belong to and afflict adults, also belong to and afflict infants. (The difference being only measure and degree)...The physician conversant with science, considering the incapacity of infants for speech and independent exertion, should administer medicines in small measures, agreeably to the ailment that afflicts them" (Caraka 1996b:1263).

This description suggests that a daily routine of infant massage would be compatible with Ayurvedic principles, even if it is not specifically recommended. Nonetheless, authors of contemporary Ayurvedic manuals explicitly claim infant massage as Ayurvedic practice of the same type and authenticity as adult Ayurvedic massage.

[37] Strong Oil

Kumar's (1994) Child Health Care in Ayurveda is a fairly typical example of this phenomenon , collecting recipes and directions for treatments and practices from classic Ayurvedic texts such as Susruta and Caraka and organizing them around specific topics, such as feeding, dentition, breast milk and massage. Underlying theory such as *tridosa* are not explored in any detail. Sources are often unclear and occasionally obviously derive from biomedical clinical works rather than classical texts. Johari (1996) provides a similar treatment of infant massage within the context of his larger treatment of Ayurvedic massage. He quotes Susruta's prescription for applying *ghee* to the newborn, then slips seamlessly into a description of infant massage in common practice, and details a sequence of techniques to be used over the span of the first eighteen months of the child's life. He ends with Susruta's instructions for healthy living conditions for the good of the child. The lack of acknowledgment of the source of the intermediate material as well as the maintenance of a consistent register throughout results in a text that, to any casual reader, would appear to be wholly derived from Susruta.

Svoboda (1992) also discusses current massage practice in India: infant, pre-marital couples and pregnant women are regularly massaged. He expresses concern that some doctors in India now tell mothers not to oil babies because it may produce colds and bronchitis, "Baby massage is truly essential to a baby's development" (Svoboda 1992:98). This claim is explained in terms of development of the cerebellum and the immune system; rationales specific to Ayurveda do not appear, despite the title of the book, Ayurveda, Life, Health and Longevity.

As in treatments of adult massage in Ayurveda, these writings on infant massage reference both Ayurvedic and scientific sources; they also call on descriptions of popular practice and present all three in such a way so as to subsume all under the rubric of "Ayurveda." The authority and authenticity of Ayurveda is extended over multiple systems of knowledge and even domestic practice. As I will show, the designation of a practice as "Ayurvedic" can be a potent tool in the selling of infant massage products and discourse. This Ayurveda, however, is neither an exclusively text-based tradition nor a professional medical practice. The Ayurveda that "sells" is the Ayurveda that is the sign of the nation, of the authentic "Indian," and the consumers that buy Ayurvedic oil do not look to specific ingredients or textual traditions for their motivation; they look to the essential Ayurvedic nature of the product and what that promises.

TYPES OF OILS AVAILABLE FOR INFANT MASSAGE IN DEHRA DUN

In Dehra Dun, baby massage oils are available for purchase in a variety of establishments; in food and general stores, in private chemist shops (pharmacies), and in the pharmacies located in hospitals and nursing homes. As has already been discussed, most doctor-assisted births in Dehra Dun occur in nursing homes--small, private hospitals, usually owned and operated by one ob/gyn or a family of related doctors (husband-wife, mother-daughter) who give prenatal care, and perform vaginal and surgical deliveries on the premises. Chemists and clinical pharmacies do not sell oils primarily marketed for food use, such as mustard and sesame oil, although chemist shops often do sell olive oil. Private chemist shops generally provide greater variety of choice

for baby oils than do clinical pharmacies, which often have exclusive agreements with specific baby product companies. *Lal Tail* is generally not available in clinical pharmacies, but is almost always available in private chemist shops. Johnson & Johnson's baby oil very often is available in clinical pharmacies and almost always available in chemist shops.

Numerous choices exist for the purchaser of oil for baby massage in Dehra Dun. Most plant-derived oils are marketed exclusively as food oils; the one exception, almond oil, is sold as a general tonic for both internal and external use. Other oils are marketed as being specifically for use on babies. Of these, some are vegetable oil-based, others are mineral oils. Almond oil, olive oil and mineral oils (including Johnson & Johnson's) are by far the most expensive. *Lal Tail* and other baby oils are somewhat less costly, and food oils are by far the cheapest, with mustard oil the least expensive of all. The specifics of the available oils are as follows:

Oils Not Labeled "Baby Oil" or "Baby Massage Oil"

Ghee

Ghee is clarified butter. It is used in cooking and can be made in the home or purchased in food stores. I was told many times in Dehra Dun that *ghee* is the best substance for baby massage because of its strength and heating properties. Nevertheless very few people actually seem to use *ghee*. A high price and unpleasant smell are the reasons most frequently cited for not using *ghee*.
Price: Rs. 37, 200 ml

Mustard Oil

Mustard is the main oil used in daily food preparation in homes in Dehra Dun. It is packaged only as a cooking oil, in a variety of packaging, by a variety of companies, and may be highly refined or less refined, with more refined oil being more expensive. Less refined mustard oil is viscous and pungent. More refined oil is lighter and similar to corn

oil in texture. Mustard oil was the most commonly used oil for infant massage in the 60 plus households I visited in Dehra Dun. Mustard oil is locally considered a 'warm' oil.
Price: up to Rs. 50, 1 L

Olive Oil

Imported brands of olive oil, such as Figaro, Romulo and Bertolli are widely sold in chemist shops and in a smaller number of general and food stores in urban Dehra Dun. Less common brands are Sasso and Susa. In these stores it is sold in small bottles (e.g. 100 ml, about the same size as smaller bottles of commercially prepared baby oils) and displayed with baby products and/or skin care products. It is not generally sold in sizes suitable for use in food preparation or shelved with food oils, with one exception (Kumar's, the most upscale food/general store in Doon). It is generally not sold in the peripheral neighborhoods of Doon or in the semi-autonomous villages adjacent to Doon. Olive oil is generally considered a "warm" or "neutral" oil, or is not assigned humoral qualities.
Price: Rs. 140, 250 ml

Sesame Oil

Sesame Oil is sold as a food oil, although it is not widely used as a food oil in this part of India. It is not available in all food/general stores but not difficult to find if you wish to. Although people often report that sesame oil is a good oil for infant massage because of its heating and strengthening properties, I did not meet anyone who used it in its pure form, although the manufactured sesame-based oil, Dabur's *Lal Tail* was quite popular.
Price: Rs. 50.75, 500 ml

Coconut Oil

Coconut Oil is sold as a manufactured skin care product. A small number of brands are available in local shops. Although coconut oil was often reported to me as being popular in South India (where it is also a common cooking oil), to my knowledge it is not used for cooking in Doon, is only occasionally used in infant massage, and only during the hottest summer months. It is popular as a moisturizer for middle-class women and is thought to heal inflamed or irritated skin. It is frequently used on the heads and hair of adults and occasionally infants and children. Coconut oil is considered to be a cooling oil and exists in a semi-solid state in cool weather.
Price: Rs. 88, size unavailable

Almond Oil

I did not meet anyone who used almond oil as a baby massage oil, but towards the end of my fieldwork a television ad campaign began running for *Roghan Badam Shirin* Sweet Almond Oil (Urdu). This Hindi ad promoted using the oil for hair, constipation, as a general tonic, and for infant massage "*Dete hain* (gives) strong bones." Soon after the ads appeared the product became widely available on store shelves in urban Doon. This

product is labeled as "Unani Medicine, and 100% pure," is scentless, and has an appearance similar to corn oil.
Price: Rs. 51, 25 ml

Oils Labeled "Baby Oil" or "Baby Massage Oil"

Vegetable/Seed Oil Based

Dabur's *Lal Tail* (Red Oil)

Lal Tail is the most commonly used product in this category and is as popular as Johnson & Johnson's baby oil. This product is marketed and labeled specifically as an Ayurvedic baby massage oil. The oil is a deep red in color with a medicinal smell. It has a sesame oil base with a number of herbal ingredients added. *Lal Tail* is widely available in chemist and general stores throughout Doon and the surrounding area. *Lal Tail* is generally believed to be a "warm" oil with powerful properties.
Price: Rs. 40, 120 ml

Shalaks' Olemessa

Olemessa was the third most commonly used commercially prepared baby oil, albeit only one-quarter as popular as Johnson & Johnson or Dabur. Olemessa has the appearance and consistency of a light vegetable oil; no ingredients are listed on the bottle. Likely because of the sound of the name, Olemessa was widely believed to be either pure olive oil, or an olive oil blend. Vinod Kumar, the managing director of Shalaks informed me that it is a mixture of sunflower oil, peanut oil and other vegetable oils, implying, but not confirming that it contained a small percentage of olive oil.
Price: Rs. 44.20, 100 ml

Keokarpin Baby Oil

Found in one chemist shop in downtown Dehra Dun, this product is labeled as a baby oil containing olive oil, lanolin, neem and arachis with vitamin E. The package is designed to function like a baby rattle; the cap is bulbous and hollow and when the bottle is shaken a rattling sound emanates from the cap. When the cap is then removed about 2 teaspoons worth of uncontained small white quartz pebbles spill out.
Price: Rs. 45.00, 120 ml

Jac OLIV Massage Oil for Babies

This product was found in one of Dehra Dun's specialty pharmacies that sells homeopathic and other non-allopathic medicines. The package is labelled as "A medicated massage oil ideal for babies" and as a homeopathic medicine. It has an olive oil base and a number of herbal additives. It has the appearance of olive oil and has a

faint botanical smell. I did not meet anyone who used this oil; the shop clerk told me that they don't sell very much of it.
Price: Rs. 29.75, 120 ml

Mineral Oil Based

Johnson & Johnson Baby Oil

This is the most frequently used mineral-based baby oil in Dehra Dun. It was available in almost every chemist shop, general store and nursing home I visited. It is a clear, scented oil which is labeled as a baby oil good for keeping "baby's skin smooth and supple and is ideal for daily massage." Johnson & Johnson's baby oil is not generally considered to be 'warm' or 'cool'; occasionally it will be termed "warm" but never "cool." It is often considered neutral, but asking the question "is it warm or cool?" usually generated a fair bit of puzzlement and debate.
Price: Rs. 71, 100 ml

Johnson & Johnson Baby Hair Oil

This product (not available in North America) was not as widely available as the regular Johnson's oil; I found it in some chemist shops and upscale stores. It is similar in appearance and smell to Johnson & Johnson's regular baby oil; it is labeled as containing vitamins which help prevent the flaking of baby's scalp while also nourishing the roots "thereby help strengthening the hair." I did not meet anyone who used this product. Mustard or coconut oil were the oils preferred for use on infants' heads in Dehra Dun.
Price: Rs. 72, 100 ml

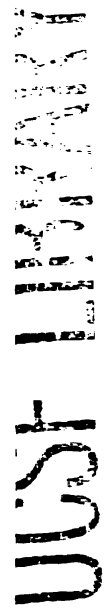
Mamma's Baby Oil

This oil is similar in smell and appearance to Johnson's baby oil; I found it in one chemist shop in Dehra Dun. The label states it is enriched with vitamin E and is "Ideal for baby's massage." I did not meet anyone who used this oil.
Price: Rs. 72, 100 ml

Withrop's Baby Oil

Also similar in smell and appearance to Johnson's baby oil. It was sold at the pharmacy at Dr. Patniak's nursing home in Dehra Dun. I knew one family who used this oil; the baby's father had previously been a sales rep for Winthrop. He believed the oil to be vegetable-oil based, but the physical properties of the oil were consistent with mineral oil; clear and relatively thin.
Price: unavailable

The taxonomy I have used here, while not arbitrary, is not the only possible system of classification. Oils might be designated according to their association with of the four medical systems which enjoy popularity in North India; Unani, Ayurveda, Homeopathy, and Biomedicine, or according to a scale from most cooling to most warming. However, while oils such as sesame, mustard or *ghee* may indeed have Ayurvedic associations they are popularly seen as part of domestic and somewhat localized traditions rather than as part of a larger medical tradition. Mustard oil was the most commonly used oil for baby massage among the families I visited. This was not surprising; I was repeatedly told that prior to the introduction of commercially prepared and marketed baby oils, household cooking oils were also used for massage; mustard oil in the north, coconut oil in the south, and sesame oil having a somewhat ambiguous status. These oils continue to be popular because of their affordability, availability, and beneficial properties.



Which Oils are Used in Dehra Dun

The overall pattern of oil use is summarized in the Oils used for Baby Massage in Table 2, Dehra Dun Regional Households Table. As it shows the most commonly used oil for baby massage overall is mustard oil, followed by Johnson & Johnson & *Lal Tail* in approximately equal amounts, followed by olive oil, coconut oil, Olemessa, *ghee* and Wipro brand, all in that order, and all in considerably smaller numbers than the top three oils. Significant differences can be seen between the urban and rural/semi-rural subsets. In rural and semi-rural homes, mustard oil was the most frequently used oil, followed by

Lal Tail and Johnson & Johnson, with a small number using *ghee* or coconut oil. In the urban homes, Johnson & Johnson and mustard oil were the most popular, in approximately equal measures. Next were *Lal Tail* and Olive oil, also in equal measures, followed by Olemessa, coconut oil, *ghee* and Wipro. Olive oil and Olemessa were used exclusively in urban homes. This pattern likely reflects consumer choice to some degree, but also advertising and availability of oils. Although I did not conduct a survey of rural chemists in the manner I did for urban chemists, I have never observed, been told directly, or heard from any source that these products were available in rural shops. Nonetheless, the economies of the villages I visited were often tied to Dehra Dun proper and many young men from the villages worked in Dehra Dun, so some could have chosen these oils if they could afford them and if they were motivated to do so. Johnson & Johnson and *Lal Tail* were both reported to me as widely available in the local villages.

It is also worth noting that more than one oil is often used in the same household. In fact, many mothers make opportunistic adjustments to their massage regimens. Of the fifty-nine households in which I conducted participant-observation and/or in-depth interviews, thirty-one, slightly more than half, were either currently using more than one oil for massage or had in the past used an oil other than the one currently employed. Mothers choose and switch oils with an impressive facility. *Lal Tail* might be used on the body but not the head for fears it red color would stain the baby's skin and make them appear to have a darker skin tone. Or, *Lal Tail* might be used only on older infants but not newborns, due to concerns that it is too "hot" for very small babies and can cause skin irritation. Some parents preferred Johnson and Johnson for massage but used mustard oil on the head due to the belief that it causes the hair to grow in darker. They might choose

to use Johnson & Johnson in the summer but use *Lal Tail* or mustard oil in the winter when the heating properties of those products are more important (winter evenings are rather cold in Dehra Dun and the fear of their child acquiring a chill-induced illness is a serious concern for local parents). They might begin with the brand sold in the pharmacy of the hospital or clinic in which they gave birth, then switch to a more preferred oil when that bottle is used up. Or they might buy *Lal Tail* or Johnson's only occasionally, when they could afford it, and use mustard oil the rest of the time.

Oil choice is therefore the product of the intersection of household economics, perceived needs and competing authorities. Economics dictated which oils could be purchased. As one poor mother explained, "We can only use mustard oil. We would rather use Johnson & Johnson but it is too expensive." Another family claimed that they had temporarily suspended massaging their baby until the time that they could once again afford to buy Johnson & Johnson's oil. At Rs. 71 a bottle, the purchase of one bottle of Johnson & Johnson's oil equalled the wages of one day's labor for a day laborer in the city and the wages of more than a day for those in nearby rural areas, ten times or more the cost of a similar amount of mustard oil. Only upper middle-class families could consider buying olive oil, although Olemessa provided a more moderately priced alternative to the middle-class. The perceived needs of the infant, from the characteristics of their particular body, to the realities of seasonal change, to the geographical specifics of their location also played important roles in determining oil use. But messages about the benefits of oils and the needs of infants are not uniform across India, within Dehra Dun, or even within the same household. The voices of "authority"; mother-in-law, physicians, baby oil manufacturers and others do not always sound in harmony, and oil

Table 2: Oils used for Baby Massage in Dehra Dun Regional Households

Unshaded Area=Rural, Semi-Rural, Shaded Area=Urban

Family	Oils Used							
	Johnson & Johnson	Lal Tail	Olemessa	Mustard Oil	Olive Oil	Coconut Oil	Ghee	Wipro
SE1		X		X				
SE2	X							
SE3				X				
JA1	X							
JA2	X			X				
SN1				X				
SN2				X				
SN3		X		X				
KGH1	X	X		X			X	
KGH2				X				
RA1				X				
RA2	X	X		X				
RA3		X		X		X		
RA4	X	X		X			X	
PG1		X						
PG2	X			X		X		
PG3		X				X		
MG1	X			X				
MG2	X							
MG3	X	X						
MG4		X		X				
MG5				X				
MG6		X						
MG7				X				
MG8		X						
MG9								
MG10		X		X				
MG11		X		X				
CA1					X			
CA2					X			
CA3	X	X		X				
ON1	X	X		X	X			
ON2				X				
ON3	X			X				
ON4	X	X						
ON5	X							
ON6		X						
ON7	X				X			
DD1		X		X				
DD2					X			
DD3				X				
DD4	X						X	
DD5		X			X	X		
DD6		X		X			X	
DD7	X	X		X				
DD8	X		X	X	X			
DD9								X
DD10	X	X						
DD11					X			
DD12			X					
DD13			X					
DD14				X				
DD15			X					
DD16	X			X	X			
DD17				X		X		
DD18	X					X		
DD19	X							
DD20			X	X				
DD21	X							X
Total	24	23	5	32	9	6	4	2

choice, as well as the frequent renegotiation of that choice through brand switching, as often represents a shifting allegiance to authority (or a compromise between authorities) as it does a response to the other practical necessities of everyday life.

I was surprised be the popularity of the use of olive oil for infant massage among urban upper-middle-class families. India does not have an olive oil industry (although it has been proposed that an industry be developed (Subbiah 1994). Olive oil is not packaged as a massage oil; the same Italian brands and labels as you might see on your local California grocery store shelves are sold in Doon shops, and I am not aware of any advertising of the use of olive oil for this purpose. While some popular books on infant massage do suggest olive oil as a potential massage medium, there is generally not a preference shown to olive oil in these texts. Many vegetable oils are recommended as suitable. After returning home from India, I wondered: how was the idea of using olive oil for baby massage introduced into India? Since the one Homeopathic baby massage oil I had seen had an olive oil base, I decided to write an on-line homeopathic doctor based in India to ask if there was a connection between Homeopathy and olive oil that might explain its use as a baby massage oil. He responded:

> Olive oil has been a part of the homeopathic pharmacopoeia from the time of the pioneers of homeopathy. It is used as a vehicle in the preparation of external applications...Medicated oils are solutions of medicinal ingredients in bland oil. The most common oils used in homeopathic practice are olive oil and oil of rosemary. Both are medicinally inert...As far as infant massage with olive oil: this is a practice adopted recently (the past 10 years?) by the upper middle class. One reason behind this is the notion that the oil is inert and absolutely safe for use on the skin of infants. Another is the fact that it is costly and the use of olive oil becomes a status symbol.

Homeopathy is widely popular in India. It was introduced to India in 1839, was treated by resolutions in the Central Legislative Assembly in 1937 and 1948. In 1973 a Central Act was passed for recognizing it as a system of medicine. You can read about homeopathy in India, its history and institutions on the Central Council for Research in Homeopathy website (www.ccrhindia.org). While it is not my intention to claim that homeopathy is necessarily the mechanism through which olive oil was introduced to India as a baby massage oil, nonetheless the presence and popularity of homeopathy does create a space within which olive oil may be recognized, made familiar and legitimized in a manner that has not occurred for other vegetable oils that might have also been adopted for use in infant massage.

And olive oil is expensive; at least half again the cost of the most expensive commercially available baby oil (Mustard oil is by far the cheapest available oil; the manufactured baby oils are intermediate in price). Olive oil is a plant-based oil like mustard oil and *Lal Tail*, and it is more viscous than Johnson & Johnson. It has some color, but a mild smell. It is easy to understand why it is popularly believed to have more "strength" than Johnson's, but to be more pleasant and gentle than mustard oil or *Lal Tail*. And due to its price, its foreign origin and limited availability it is desirable as a status symbol to women who seek an upscale, international image. In fact this popularity hasn't gone unnoticed by Dabur who, as predicted by their representative in Noida, have recently come out with Dabur Baby Olive Oil.

Perhaps the most important distinction between olive oil and other oils I have discussed is that olive oil is the only imported oil. This difference is significant for more than just its image as a status symbol. As of 1990, the Indian government has required

that all domestically produced or packaged foods and household products (soap, tissue paper, biscuits, shampoos, clothespins, and almost all small packaged household goods) be sent from the manufacturer printed with a lot number, the date of manufacturer, and the "maximum retail price" so that merchants cannot charge over this amount (to literate customers at any rate). Thus the mark up that can be charged by the merchant is limited (Grant 1999). In 2000, the Indian government began demanding that many imported products have the same maximum retail price printed on them (IPAN 2000). A 2000 United States Department of Agriculture report, India. Food and Agriculture Import Regulations and Standards Country Report 2000 stated that labels on all items imported to India were to include a variety of information, including the product's maximum retail price. Nonetheless, at the time of my fieldwork this policy had not yet been fully put into practice, as the various imported food items I purchased, including peanut butter, soda crackers, and olive oil were not so labeled. Thus, merchants could mark up the cost of imported items as high as they thought the market would bear, and realize substantial profits on those sales. More than one chemist told me that they recommend olive oil as a baby massage oil specifically for this reason.

Survey of Chemists

The subject of chemist shops first came up when I asked the father of a young infant why he and his wife had chosen to massage their baby with olive oil. The local chemist, he explained, had recommended it. Although the women of most households generally made most decisions about day to day child care, it wasn't unusual for a man of

the house to buy baby products. Immediately before and after giving birth in particular, a woman is unlikely to do any shopping, and her mother and mother-in-law were often intimately involved with the preparations for and care of the new baby, leaving father or grandfather to shop for needed supplies. Not knowing much about it, or perhaps not trusting what they had heard, they would turn to an easily accessible "expert"; unless they are given specific directions by women of household, they're likely to take the chemist's advice. Family and friends also might buy baby care items such as oils as gifts for the newborn, and will usually look for upscale products for those gifts. People that sought a chemist's advice inevitably reported to me that they were recommended such an upscale oil for massage; Johnson & Johnson or Olive Oil. I decided to look further into the role chemists play in baby oil choice.

I conducted a brief survey of fourteen chemist shops along three roads radiating from Dehra Dun's central clock tower, to the north, Rajpur Road, to the south, Gandhi Road, and to the east, what was known locally as "sweeside" (suicide) lane, a tight, narrow and extremely dangerous thoroughfare that eventually connects with Kaulagarh and Chakrata Roads. As these are all centrally located on main thoroughfares, these shops were frequented by all classes of the urban populace. The four basic questions I asked were: Which oils do you sell? Which do you recommend? Why? And which is your best-selling oil? The results of the survey are shown in Table 3, the Chemist Proprietors' Survey Table.

The most commonly recommended oil was olive oil, one of four locally available Italian brands. Two of the six chemists who recommended olive oil to their customers acknowledged openly that they did so because they made the most profit off its sale. The

third chemist claimed that the local doctor recommended its use, and the fourth that it was "time tested" and he had used it himself. The fifth chemist suggested that it was good because it didn't darken the skin and gave energy, and the sixth said babies responded well to it. The next most recommended oil was Johnson & Johnson, which was recommended by three chemists, although only one gave a clear reason; that customers demanded it. *Lal Tail* was recommended only by two, one of whom said it was the cheapest, best and oldest, and the second that it was best because it was Ayurvedic. The pattern of which oils sold the most was very different, with Johnson & Johnson best-selling in eight shops while olive oil and *Lal Tail* were best-selling in three shops each.

The relative popularity of oils as described by the chemists roughly coincides with the popularity of commercially-prepared baby oils as used in the urban areas of Dehra Dun, with Johnson & Johnson by far the most popular and *Lal Tail* and Olive Oil tied for second place. The preference of chemists for recommending olive oils can only be seen as the desire to profit from an unregulated market and not a way of responding to customer demands. The very expense of olive oil helps to promote it as a product. As one user in Doon told me, "This stuff is very expensive, so it must be good." In the Doon marketplace, the upscale, international and expensive product sometimes is assumed to be "best."

Physicians in Doon

Pharmaceutical companies reach Dehra Dun consumers in a number of ways. Chemist shop windows are full of glossy cardboard advertisements for available

TABLE 3: CHEMIST PROPRIETERS SURVEY

Name of Shop	Sunsingh	Gupta Medical House	Kishan Lall & Co	Singh Brothers	Top Shop	Khalsa	Vishal Medical	Lovely Store	Frontier Stores	Lal Chand & Sons	Kumar Brothers	Krisna Medical House	MM Poddar Ayurvedic House	Unique Medicals
Oils Sold	Johnson & Johnson (J&J) Lal Tail Olemessa Bertolli Figaro	J&J Lal Tail Olemessa	J&J Lal Tail Olemessa Bertolli Figaro	J&J Lal Tail Olemessa Bertolli Figaro Romulo Wipro	J&J Olemessa Romulo Sasso	J&J Lal Tail Olemessa Bertolli Figaro	J&J Lal Tail Olemessa Bertolli Figaro Romulo	J&J	J&J Lal Tail Sasso	J&J Olemessa	J&J Olemessa	Bertolli Jac Oliv	J&J Lal Tail Bertolli Figaro	J&J Lal Tail Bertolli Figaro Romulo Mamma's Susa
Oil Recommended	Olive Oil Olemessa	J&J	Olive Oil	Figaro Bertolli	No opinion	Figaro	Lal Tail	J&J	Sasso	No opinion	No opinion	Jac Oliv	Bertolli	Lal Tail J&J
Reason for Rec.	Local doctor recommends olive oil, Olemessa is similar and cheaper	Customers demand it	Time tested Has used it himself	Most profit		Most profit	Cheapest best oldest	Only oil sold	Good, doesn't darken skin gives energy			Homeopathic medicinal	Baby responds well to it	Lal Tail best Ayurvedic
Best Selling Oil	J&J Lal Tail	J&J	Bertolli	Figaro	J&J	J&J Figaro	Lal Tail	J&J	All equally popular	J&J	J&J	Jac Oliv	J&J	Lal Tail

products. Promotions are written on walls lining streets and on sides of buildings, graffiti-style, always written in *Devanagri*. Direct marketing through television, radio and print media is common. And pharmaceutical companies market directly to physicians as well; to those in small private offices, those in hospitals, and those who run their own nursing homes.

Physicians' activities in Dehra Dun, as in North America, are intimately tied to the international pharmaceutical industry. Solicitations from pharmaceutical representatives are a regular part of weekly practice for Doon's doctors. The doctors I knew tended to set aside one or two hours per week specifically to meet with sales agents; Dr. Patniak, a local OB/Gyn, had a sign in her waiting room listing the assigned times. Several times while conducting fieldwork in physicians' offices, I watched these young men sitting in a row along a bench or a row of chairs in Dr. Pandey's and Dr. Patniak's waiting rooms. Dressed neatly in cotton shirts and ties, hair oiled back, nervously shuffling their thick, accordion style briefcases, they diffidently waited to be called in to the doctor's inner sanctum. One day I watched Dr. Patniak simultaneously give instructions to her nursing staff, advise a nervous mother-to-be, and bark demands for lower prices and free samples at drug representatives in her office. For physicians like Dr. Patniak, who run their own nursing homes, pharmaceuticals are an especially important part of the business of doing medicine. By setting up a chemist shop on site, these doctors increase profits substantially as they both prescribe and sell drugs for their patients and also sell care products for the infants they are expecting to deliver there. The decisions they make that determine which products to sell depend on the doctor's perception of their medical efficacy, their pricing, and the effectiveness of the company's

promotions. Given that Dr. Patniak told me she preferred Johnson & Johnson's oil, I can only assume that the salesman for Wipro (the brand sold in her nursing home) made her an offer she couldn't refuse.

In general, physicians expressed ambivalence towards Johnson & Johnson's products and advertising. Most agreed that Johnson & Johnson's oil was "pure" and "safe," unlikely to cause allergy or irritate the baby's skin. Some also recommended it to their patients, although many also recommended coconut or olive oil. Mustard oil and *Lal Tail* were never recommended. Mustard oil was thought to be of dubious quality and safety. *Lal Tail* was thought to cause allergies and skin irritation. Physicians were generally enthusiastic about the emerging clinical research on infant massage and its benefits. They were less enthusiastic about Johnson & Johnson's aggressive marketing practices. Some were clearly resentful of this "foreign" company's appropriation of Indian tradition, yet their ideas about massage, its practice and its benefits closely resembled the discourse of Johnson & Johnson, highlighting the purity of Johnson & Johnson's oil and recommending a gentle massage that promotes mother-infant bonding. The emergence of the body of Indian clinical research on infant massage undoubtedly reflects these physicians' desire to reclaim infant massage for Indian biomedicine; accordingly, the questions they ask reflect infant massage in Indian context. The emphasis is on the benefits of massage for "normal" rather than low birth-weight infants and on the benefits of specific oils in infant massage rather than mechanics alone (see Chapter 1).

Oils are used prominently in Ayurveda, the ancient textually-based system of Indian medicine and well-being. Oils are used on and in the body, with massage or

without, and in combination with other ingredients and alone. They confer a wide variety of benefits to the body and the person. In contemporary India, beliefs about oils and their benefits are generally similar, if not quite identical, to those in ancient Ayurvedic texts. Contemporary Ayurvedic writings call on ancient texts, popular practice and biomedical science where oils and massage are concerned, configuring infant massage as a timeless Ayurvedic practice, despite the lack of textual tradition or popular belief as to that designation. The power of the status of Ayurveda as sign of the nation (encompassing both culture and science) will be further explored as I discuss advertising for massage products for infants in this dissertation.

The contemporary legacy for infant massage of the many and varied oils described in ancient Ayurvedic texts consists of three oils: mustard oil, sesame oil and *ghee*. Mustard oil is very commonly used in Dehra Dun, *ghee* is rarely used; neither are locally considered to be "Ayurvedic" oils for the purposed of infant massage. Sesame oil is not used in its pure form, but it is very popular as the main ingredient in Dabur's *Lal Tail*. This oil is widely sold and used in Doon, is marketed as an Ayurvedic product, and is popularly understood to be an Ayurvedic oil. These oils are joined in the marketplace by various others, Johnson & Johnson, olive oil, and Olemessa most notably. The promotion of and reception of these products are as strongly dependent on their identities as their perceived properties; Ayurvedic, natural, pure, expensive, foreign, and so on. In the next chapter I will continue the task I have begun here, to explore some of the many ways of selling oils (and infant massage) in India. In advertising as in massage itself, the medium is the massage.

Figure 2. Store Products Display. Note olive oil containers at bottom right and left.

CHAPTER FOUR

THE MEDIUM IS THE MASSAGE II: BABY OILS AND THE MARKETPLACE

INTRODUCTION

In the summer of 1999 I decided to spend a month in India to do preliminary research on infant massage and determine if it would be feasible to attempt a study on this subject, to identify potential field sites, and to see if local medical professionals would be interested or willing to help me get the project off the ground. A month before leaving I conducted extensive internet searches for "India, pediatrician," "India, infants," and several other combinations intended to find as many contacts as possible who might have something to say in regards to infant massage. I sent e-mails to dozens of those contacts I could identify in Hindi speaking regions; I received replies from a number of doctors in North India and a cluster of responses from Dehra Dun. One of those came from Dr. Nitin Pandey, a Doon pediatrician who took a particular interest in my research. He told me that there was a local chapter of the Indian Academy of Pediatrics in Dehra Dun who met the third Thursday of every month. Why, he asked, didn't I plan a trip to Doon to coincide with this meeting? I could then meet with a relatively large number of medical experts at once.

It was only the night before the meeting that I learned from Dr. Pandey that it was scheduled to be held in a banquet room in one of the town's most upscale hotels, and that rather than the roundtable meeting I had anticipated, I was expected to give a formal talk on infant massage. At that time I knew nothing about the practice other than what I had

read in half a dozen medical journal articles, and in a few brief references within ethnographic accounts of child care in India. I had also not brought any preparatory materials with me for the visit (needless to say this was an important lesson in academic professionalism, learned painfully). I hastily prepared a speech based on the experiences that had led me to an interest in infant massage, my recollections of the materials I had read, and a selection of specific questions to present to my audience.

I arrived at the hotel banquet room to learn that my talk was being funded by a corporate sponsor, and on the wall behind the podium hung a banner for the local distributor of Vicks Vapo-Rub. My speech was preceded by an introduction from Dr. Pandey, who also made reference to the benefits of the Vicks product for massage. A lively, if chaotic discussion followed my talk, where many of the fifty or so audience members engaged in passionate debate about the benefits, dangers, and details of infant massage. When the discussion started to die down, Dr. Pandey formally thanked me for appearing, presented me with some small gifts, and the audience began to wander out. I was immediately approached by a local newspaper reporter who wanted a statement, and the Vicks representative, who urged me to "Say something good about Vicks!" At that point I was so disoriented I quite frankly do not recall what I said. I do know that the comments attributed to "Dr. Beattie" in two local Hindi newspapers the following day were compilations of the statements of Dr. Pandey, the Vicks spokesperson, and the audience at large. Thus ended my uncomfortable first immersion into the world of medicine, markets, and media in India.

As time passed and I regained my sense of equilibrium, it became increasingly clear that any treatment of infant massage would demand attention to far more than the

daily routines of domestic life. Although Vicks products were never mentioned again, almost every physician I met during that initial foray into the field and in my later, extended period of fieldwork talked about the Johnson & Johnson company and their aggressive campaign to promote the use of their baby oil for infant massage. Infant massage was not merely a practice, a technique of the body; it was a commodity. At least it was being commodified, through the marketing and sales activities of major pharmaceutical manufacturers; I had found myself to be an unwitting part of that process. Physicians were being positioned as both consumers and agents, being both the targets of advertising and conduits for the transmission of those advertising messages to their patients. This chapter investigates the sales and marketing of the three most popular commercially-prepared baby oils in Dehra Dun. It explores the ways in which oils are marketed both directly to the public, and to physicians.

OIL, MODERNITY AND MARKETING IDENTITIES

Several friends in Doon, upon hearing that I liked to read Indian literature, enthusiastically recommended I check out Anurag Mathur's The Inscrutable Americans (1991). In this popular novel, the family of the protagonist, Gopal, owns a hair oil manufacturing business. Gopal goes to America to study chemistry in order to return to the family company and presumably make a contribution to improving their product. Gopal is a bumpkin; he is naïve, (though not foolish) and his English is "hilariously" fractured. Through all his adventures and misadventures; eating beef, trying to lose his virginity, etc., Gopal never loses his fundamental sense of self or his Indianness. In the end he loses his virginity, not to an American, but to an Indian woman he meets on the

plane during his return flight to India. His English never improves. And he never stops wearing prodigious amounts of oil in his hair. In a sense, his Indianness lives, not only in his sexuality and his speech, but in his hair, in the family hair oil he so fondly and liberally applies.

As a work of literature, the book's value is questionable. I have, however, continued to think about the book, both because of how it relates to the "improvement" of Indian body-care products through the intervention of western science, and in relation to the idea that "Indianness" might reside in hair oil. Hair oil is very popular in India. Many dozens of brands are available, some local, some national. Ads for hair oils are ubiquitous on street-side billboards and in Hindi-language magazines. Oils are alternately thought to cool or warm the head, depending on their properties. Some oils are medicated for scalp conditions, to reduce grey hair, or to give them tonic properties to encourage the growth of healthy hair. Women of all classes oil their hair and then wash it to give it shine. Another female family member or a servant might massage the oil into their hair and scalp. When a young man like Gopal wears oil in his hair and doesn't wash it out, the significance of the aesthetic depends on positionality; to a lower class, Hindi-belt male he's hip; to an upper-class urban English speaker he's a bumpkin, low-class, backwards. Within the wider context of the focus on the value of oils in textual and popular Ayurveda, and the wider market place for oils which signify certain types of "Indianness," I argue that baby oil manufacturers have the opportunity to tap into these well-understood signifying mechanisms, and that by association any type of bodily oil takes on some quality of "Indianness"; advertising strategies determine the particular form this will take. Advertising practices locate baby oils in certain types of discursive

spaces which make possible the sale of certain forms of Indianness, certain types of subjectivities.

Today in India, books on infant massage published abroad (mostly in the US and UK) are widely available in English-language bookstores. Indian physicians are being informed by Johnson & Johnson as to the value (as demonstrated by the research it funds) of massage and the superiority of its products for this purpose. Johnson and Johnson advertise widely in English and Hindi media and publish special baby issues in both Hindi and English women's magazines (which are accessible to a much wider range of Indian women than expensive coffee table books), and which give directions for infant massage (as well as other aspects of child care) alongside ads for their products. And several Indian pharmaceutical companies are in the market, producing and promoting their own oils for baby massage

In the next section I will discuss the operations and marketing strategies of Shalaks (India-based), Dabur (India-based), and Johnson & Johnson (US-based), the producers of the three most commonly used commercially prepared baby oils in Dehra Dun. Dabur and Johnson & Johnson are the biggest national players in this field, in terms of name brand recognition, popularity of use, and financial stakes. Both of their oils are manufactured by large multinational pharmaceutical companies and both are widely advertised. Shalaks is a smaller national pharmaceutical company. All three oils are understood to have categorically different kinds of properties by their users and are marketed using very different strategies. Johnson & Johnson, Dabur, and Shalaks do not only market different oils, they market different subjectivities; different ways of being a

"modern" Indian mother, and the promise of producing particular types of national and global citizens.

JOHNSON & JOHNSON'S BABY OIL

Johnson & Johnson is a multibillion dollar multinational company which was founded in 1886 in New Brunswick, New Jersey. After Robert Wood Johnson heard Joseph Lister, the famous[38] surgeon speak in 1876, he, along with his two brothers set out to produce antiseptic surgical dressings[39]. Johnson & Johnson became an international company with the founding of a Canadian affiliate in 1919, followed in 1924 with the establishment of another in Great Britain. Today there are Johnson & Johnson affiliates in 54 countries. The company has diversified to develop or acquire more than 90 companies in the consumer, pharmaceutical and surgical fields and markets them in more than 175 countries. In 2001 Johnson & Johnson's worldwide sales were $330,004,000,000, with net earnings of $5,668,000,000. In its Consumer Division (wherein Johnson & Johnson baby products fall), sales totaled $6,962,000,000, with $3,789,000,000 in domestic sales and $3,173,000,000 internationally. Because Johnson & Johnson considers sales figures for individual products and within individual countries to be proprietary information, it is not possible to say exactly how much baby oil they sold in India in 2001, but they report that sales for their Baby & Kids Care line were $1,132,000,000 worldwide; $299 million of that domestic and $833 million in international sales. Johnson & Johnson's baby oil

[38] For developing sterile surgical techniques.
[39] All company information, unless otherwise specified, is derived from Johnson & Johnson's main website, www.jnj.com and the website of Johnson & Johnson's Indian division, J & J Ltd., www.jnjindia.com.

Figure 3. Johnson & Johnson's Baby Oil, Dabur's *Lal Tail*, and Shalaks' Olemessa

was first "used in commerce" in 1910[40] and has been sold in India for "about 30 years."[41] Johnson & Johnson also market baby powder, soap, lotion, shampoo, bath wash, cream and baby hair oil in India. All but the baby hair oil are also available internationally.

Johnson & Johnson spent $1.43 billion dollars worldwide on advertising in 2001. I met with Mr. Nerula, a Johnson & Johnson representative, in their offices on the west side of Delhi. He told me that Johnson & Johnson, India advertises widely, to both physicians and consumers, and that they show infant massage training videos at hospitals and nursing homes. He gave me a substantial quantity of promotional material, mostly the same materials distributed to physicians at the 1998 pediatrics conference. These and the additional Indian advertising materials reviewed for this study are rich in meaning and messages, but three themes stand out: mildness and purity, *sparsh* (touch), and global citizenship.

Mildness and Purity

Periodically, Femina magazine (an English-language woman's magazine somewhat like the American Cosmopolitan) publishes a companion volume to its regular issue titled Your Baby, A Special Edition from Johnson & Johnson. A friend gave me the Sept. 1997 volume she had kept since the birth of her most recent child. The magazine's content is a mixture of articles about child

[40] United States Patent and Trade Office

[41] Quote from Johnson & Johnson, Bombay. Since Mr. Nerula, my origin Johnson & Johnson contract left the Delhi office I haven't been able to establish a comparable rapport with a Johnson & Johnson representative in India.

development, feeding and caring for baby, and glossy full page ads for Johnson's products. On page three of this issue we read,

> Just For Baby
>
> You wouldn't trust your baby's delicate skin to any products but the mildest. And now, every Johnson's product in India carries the international seal of mildness. To ensure that they are, indeed, the mildest, safest, and gentlest baby products worldwide, every Johnson's baby product is put through strict testing, clinical trials, and sensitivity trials by a consumer panel of mothers and babies--newborns to two year olds--to prove that they are so pure and mild that they cause no allergy or irritation to a baby's sensitive skin. And all under normal use conditions. Typically, more than a hundred Indian mothers were each given samples of Johnson's baby powder or Johnson's baby soap, and asked to use the product on themselves as well as their babies for 10 days--discontinuing all other toilet or cosmetic products that might interfere with the test in that period. Dermatologists then evaluated the users and found both the baby powder and baby soap to be absolutely safe. No skin allergies or irritants were found-proving both Johnson's baby powder and baby soap to be acceptably gentle. And therefore, clinically proven mild. Similarly, all the Johnson's baby products carry similar assurances of clinically proven mildness. They contain no harmful chemicals, no harsh colours, and no strong perfumes--indeed, they contain only the purest, mildest and gentlest ingredients that are totally safe for Baby's sensitive skin.

The Femina volume includes a two page ad for Johnson's baby oil; a close up photograph of mother and infant with a bottle of baby oil superimposed is bordered top left with "The Language of caresses" and bottom right with "The Language of love." Down the right side margin of the right-hand page is the following:
"Clinically Proven Mildness. There is only one language that is understood across the whole, wide world. The language of love and caresses. Of mildness and tenderness. Clinically Proven Mild. Johnson's baby oil is pure and gentle. Ideal for baby's skin, it retains moisture which helps keep baby's skin, smooth and supple. Johnson's baby oil is

Figure 4. Johnson & Johnson Baby Oil Ad in Femina Magazine Special Baby Issue

ideal for baby's daily massage. Enriched with vitamin E which goes deep into the baby's skin, to nourish and protect it from within." Ads for other Johnson's products in this volume include "The Language of protection" (baby powder), "The Language of gentleness" (baby shampoo), "The Language of purity" (baby soap), and "The Language of mildness" (baby bath).

In an informational pamphlet published for physicians[42], Johnson & Johnson tells us:

> When parents are preparing for infant massage, experts recommend that they lubricate the baby's skin to prevent friction. Although there are a variety of oils that can be used for this purpose, it is important to keep in mind the various oils when making a choice. "Vegetable" oils can break down into other components which can be harmful to a baby's skin. Many vegetable oils are not considered "pure" and should never be used on infant skin. Oils derived from legumes including peanut and almond oil, may have a pleasant aroma but are frequently associated with allergic reactions in infants. Some formulations of mineral oil may clog the infant's pores. It would therefore be a safe bet to choose a mineral oil that is pure, gentle, fast absorbing with a minimum amount of fragrance. An oil that is safe for use as a skin emollient and more importantly one that is specifically designed for use with infants.

Johnson & Johnson also use terms like "pure" and "mild" in their campaigns in North America. In India, however, purity takes on special significance. One immediately thinks of spiritual purity, and the categorization of substances according to pure/polluting qualities. There is also a very real concern in India about contaminated foodstuffs in the marketplace. On one visit to India the news was full of a "synthetic" milk scandal. While it is well known in India that dairies routinely add other substances to the milk they sell, the most innocuous perhaps being water, in this case a company was accused of selling "milk" that actually contained no milk at all. No charges were filed because apparently no law had been broken. Another noteworthy recent scandal involved mustard oil, where

[42] Pamphlet 5, below

lethal adulterants ended up in a brand of oil and more than 50 people were killed after consuming it (Kumar 1998). This event was frequently reported to me as justification for using oils other than mustard oil for baby massage (although most of these same families continued to use mustard oil for cooking). While not unique to India, this advertising strategy nonetheless taps into issues that are of immediate concern to many Indians.

Sparsh, Touch and Massage

> "Touch has been created by Johnson's only."
> Mr. Nerula, promotions manager, Johnson & Johnson, Delhi

"Touch" is so integral to Johnson's baby products campaigns that I am surprised it has not been copyrighted. "Touch" and "touch therapy" have become synonymous with the clinically-proven benefits of baby massage. This subject has already been explored in regards to the discourse of clinical research on infant massage. Johnson's popular promotions and promotions to physicians continue this project. Almost every Johnson's advertisement I have ever seen in India has some reference to "touch." Advertising packages distributed to physicians have titles like "Your Touch and Johnson's baby" or "Touch, The Language of Love."

The full "Touch" literature package that Johnson & Johnson had available for physicians attending the pediatrics conference contained numerous publications and fact sheets, including six pamphlets and a reference sheet listing works on infant massage which included references to scientific publications, cross-cultural reports, popular magazines, and some of the authors I see as central to the trajectory of the development

of infant massage in the U.S.: Leboyer, Montague, McClure and Field. The pamphlets are labeled:

(1) The Magic of Touch: What is touch and the physiological benefits of massage therapy

(2) The Healing Touch: The effects of touch on preterm infants and infants with health problems

(3) The Healthy Touch: Massage for full term infants

(4) The Technique of Touch: Infant massage techniques and the best oil to use

(5) The Mother's Touch: Perinatal Touch

(6) The Professional Touch: Incorporating touch into clinical practice.

Each of these pamphlets on "Touch" relates specifically to the beneficial effects of *massage* (not generic touch) for infants. They also have a general overview pamphlet available. All pediatricians I interviewed in Doon remembered receiving at least one of these pamphlets at some point in the recent past and several could produce them on request.

In the last brochure, Johnson & Johnson tell physicians to reassure their patients,

> In addition, parents or caregivers should be urged to work through any awkwardness they feel at first. Pointing out that any new skill takes time and practice helps new parents or caregivers relax; they need to be reassured that as long as massage is performed with love it will be beneficial to the infant.

Johnson's ads in Parenting magazine (available in Delhi but not in Dehra Dun) state "Your touch and Johnson's baby. Touch their todays. To shape their tomorrows" (August 1999), and in the Hindi *Griha Lakshmi* (House Goddess; Ladies own Journal,

Figure 5 . "Touch" Pamphlets: Massage Literature Widely Distributed to Indian Pediatricians

March 2000). "*Aur aapka sparsh, sanvare uska kal*" (And your touch builds his/her[43] tomorrows). It continues,

> How are you going to help your baby fight illness? The power of touch can improve your baby's innate ability to resist disease. To learn about 'Touch therapy', that is, touch therapy's special benefits, 'the University of Miami School of Medicine' has conducted a scientific study. With this it was proved that there is a direct connection between the touching of babies and their innate disease-resisting ability. Touch helps controls babies 'stress hormones (ketacolamines)' and touch helps produce 'adrenal hormones', the body's naturally occurring defensive 'cells'. This helps with babies' diseases and improves his/her blood-circulation. For this reason baby's defensive cells keep being produced. Touch your darling to make him/her understand that you love him. Touch him/her to tell him/her you are paying him/her attention. Touch him/her, for all those innumerable reasons a mother would never overlook.

In Hindi-speaking regions of India the potency of "touch" is augmented by the use of the term "*sparsh.*" *Sparsh* is not the most commonly used Hindi word for touch: *chuna* is much more common. When people in Doon talked about massage, they used the Hindi word for massage: *malish*. Not everyone I asked could even define what *sparsh* meant (especially among the lower-class and less-educated). *Sparsh* has been translated for me as "touch with a current," "touch where something is exchanged," "loving touch," "mother's touch," and "touch between people who have a special relationship, such as lovers or family." There is a particular kind of power in *sparsh*, perhaps not that easily defined, but active and distinct.

Although English is perhaps not as rich as Hindi in regards to *sparsh* and touch, Johnson & Johnson attempt to get something of the same feeling across in their pamphlet promoting infant massage in clinical practice; "Once parents learn the techniques, there becomes a magic in the massage. Eye contact is intense, and love flows

[43] the Hindi term for him or her is gender neutral.

Figure 6. *Aur Aapka Sparsh*: And Your Touch (Builds His/Her Tomorrows)

freely...Something happens, something changes that is hard to convey in words, but the joy and tenderness are felt by both participants and observers."[44]

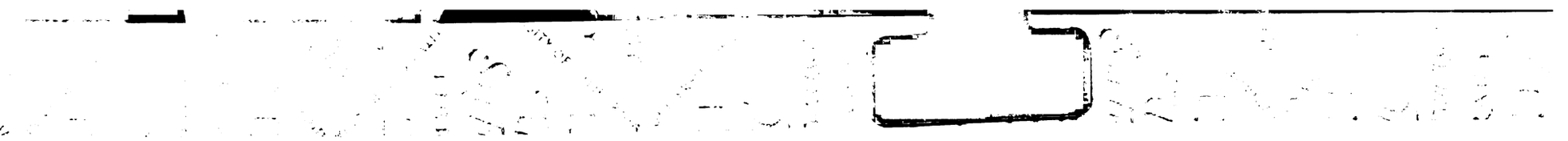
In retrospect it doesn't surprise me that Mr. Nerula had said, "Touch has been created by Johnson's only." In fact, touch, massage and love become inseparable in their promotional literature. Johnson & Johnson not only tell mothers how to massage their infant, but what type of mother they need to be. The imperative is placed on mothers to consider everything they do to care for their infant based on love. A mother who loves her baby will touch and massage him/her, and that touch becomes the literal embodiment of love. Love is symbolized as "mild," "pure," and "gentle." Love is the concern for the normal physical and psychological development of the child and the formation of a loving mother-child bond. A loving mother worries about her child's health and the biomedical conditions that ward off disease, and finds comfort in clinical research that helps her know what her baby needs. Johnson's materials are full of such messages about all the ways that touch and hands-on childrearing benefits both infant and parent. Although most of Johnson & Johnson's messages are directed towards mothers, they also tell fathers that "international studies" have shown that children of fathers who are involved in their care are less violent, have higher IQs and better mental health, and that those fathers are less likely to abuse their children or become criminals. Clearly, good parents, as well as good children, are made through Johnson & Johnson.

[44] Quoting "Infant massage instructor Laurie Evans"

Global Citizenship

Johnson & Johnson represents the company as having been embedded with a sense of social mission and responsibility since its earliest days. Their website states that "The fundamental objective of Johnson & Johnson is to provide scientifically sound, high quality products and services to help heal, cure disease and improve the quality of life. This is a goal that began with the Company's founding in 1886." In 1943 Robert Wood Johnson wrote a company credo that is available on the websites of many of Johnson & Johnson's international affiliate websites (in 36 languages), including India's. This credo outlines the company's responsibilities to its customers, employees, to stockholders and to the local communities in which its employees live and work and to the world community as well. Part of the credo outlines the importance of being good "citizens"; "We are responsible to the communities in which we live and work and to the world community as well. We must be good citizens--support good works and charities and bear our share of taxes. We must encourage civic improvements and better health and education. We must maintain in good order the property we are privileged to use, protecting the environment and natural resources."

This commitment to "good" citizenship and the assumption that a good local citizen may also be a good global citizen is embedded in advertising for Johnson & Johnson baby products as well. The centerfold of the aforementioned issue of Femina is a four-page ad of images of babies from a variety of racial/ethnic groups bordered by Johnson's products with the caption "One world. One language. Johnson & Johnson the language of love" and the text:



There's only one language that's understood across the whole, wide world. The language of mothers and babies, of love and tenderness...To your baby your touch is special. It's the only language she understands right now. The language of mildness and gentleness. Which is why, every Johnson's baby product from every corner of the world is clinically tested to ensure that nothing but the safest, nothing but the mildness ever touches your baby's sensitive skin. So that you can speak to your baby with all the love, all the tenderness, all the understanding she needs. Johnson's baby, with clinically proven mildness.

The first page of the same Femina issue features the following:

A Message for the New Millennium

As we approach the birth of a new millennium, with all that fresh beginnings imply, we are filled with hope and anticipation. And nowhere is the future more celebrated than in the genuinely precious gift of each new child. Throughout much of past century, we've been dedicated to the belief that each day in a child's life, especially during the formative ages from birth to three, deserves the special attention of mothers, fathers, and all who are entrusted with their care. In touching a child's todays, we touch their tomorrows as well. These are good reasons to dedicate special attention to developing the full potential of today's babies. **A society is measured not only by its ability to overcome obstacles, but also by its ability to nurture opportunities** (emphasis mine). And it all begins with babies. Johnson & Johnson.

Although the bulk of the content of Johnson & Johnson's English-language Indian advertising could easily be transplanted to magazines in other countries and not be distinguishable from local ads, Johnson & Johnson do not overlook the geographical or cultural location of their consumers. Many, but not all, of the infants in its ads in Femina have an Indian appearance. Babies and parents in the vignettes it presents here all have Indian names: Sheena, Reema and Sudeep. Statements such as "When baby sneezes that extra sneeze, you can bet everyone from family and friends to that concerned '*subziwallah*' (vegetable-seller) down the road will have an opinion on the whys and what-to-dos of it" appear periodically. Although the location of the consumers it courts is

Figure 7. One World. One Language. Johnson & Johnson, the Language of Love.

specified, massage itself remains relatively dislocated in space and time. Only in one place in all of the Johnson & Johnson literature collected, from publications aimed at both consumers and physicians, did I find reference to infant massage portrayed as a particularly Indian practice. The Femina section on touch/massage concludes with, "And in India, the whole confinement-at-the-mother's-house procedure usually includes massage for both mother and newborn. **Tradition clearly knew about the magic of touch for babies all along**". India is finally identified as a place where infant massage is "traditional." However, tradition is invoked, not because of its intrinsic value, but with nostalgic pride. We know Grandma was right, not because Grandma's knowledge is authoritative, but because scientific methodology and international recognition have proven her to be right.

Thus Johnson's has begun to create a "touch" with a potent set of capabilities: touch is the project of baby-building and nation-building, within a global context, through medical understandings of the infant-body and motivated by a universal form of love. Johnson & Johnson links the use of its baby oil to an imagined global identity, one which provides protection against local dangers such as contaminated oils, (and other more unspeakable dangers) in which Indian infants represent the potential of their nation to grow to be good global citizens through the use of Johnson's products, and where the boundaries of family and even love are redefined according to this criteria.

Mr. Nerula asked me (with some anxiety): "Do you think what we are doing with massage is right? We are spending a lot of money. We spent three *lakh* rupees (Rs.

300,000 = $6,568 USD[45]) on the Jaipur conference." I tried to get him to clarify what he meant by "right": Did I think massage was really good for babies? Did I think that it was a good business move? Did I think this was a morally responsible campaign? He hesitated, unwilling or unable to specify the origins of his anxieties. Finally, wanting to try to reassure him I offered, "Well, I personally do think massage is good for babies." He visibly relaxed. I wondered: what constellation of mores, medicine and market was the cause of his concern? Was it really reasonable for me to expect him to be willing (or able) to identify one type of "right" when Johnson & Johnson so successfully and seamlessly combine them into one product line?

DABUR'S *LAL TAIL*

Dabur is based in Calcutta, but also has manufacturing, research, and administrative facilities near Delhi. Its foundations were laid in 1884 when Doctor (**Da**) S. K. Burman (**bur**) began selling Ayurvedic preparations from his shop near Calcutta and by mail throughout Bengal[46]. Today Dabur develops and markets Ayurvedic pharmaceuticals, among them plant-based anti-cancer preparations, personal care products, child care products such as *Lal Tail*, and specialty and processed foods. They distribute their products globally, have subsidiary units in Nepal, Egypt, and the UK, and are involved in joint ventures with French, Spanish, and Israeli companies to manufacture and market specialty food items. In 1986, Dabur became a "public limited company" and in 1994 began issuing public shares. Although as of 1998, management of the company is

[45] on Dec. 29, 2003 1 USD = Rs. 45.6753, Federal Reserve Bank
[46] All Dabur financial and corporate information are from the Dabur website, www.dabur.com unless otherwise stated.

no longer in the hands of the Burman family, members of the family continue to serve the company on the board of directors. Dabur's total sales for the year ending March, 2002 were Rs. 116,319,490,000 ($254,695,600[47] USD)[48]. Their daily health care division was responsible for 28% of sales, and *Lal Tail* accounted for 35% of sales within that division, meaning that Dabur *Lal Tail* sales were approximately $24,960,000 USD.

The Dabur offices I visited are located in Noida, a high-tech district outside of Delhi. Their buildings are very new, very large and have multiple levels of security. I eventually found my way into the main corporate office building. The lobby was a huge atrium; its perimeter was lined with small offices whose occupants were exposed to full public scrutiny through large plate-glass windows. The occupants of the two occupied rooms at the time of my visit appeared to be engaged in interviews for possible employment. I was joined by Yoshita Sharma, product manager for *Lal Tail*. I asked her to give me some general background on the product. She replied,

> We have been making *Lal Tail* for 25 years. Dabur specializes in Ayurvedic products. It emerges from ancient medical literature. There is a standard recipe for things like *Lal Tail*. The preparation is per Ayurveda. It also has ingredients which facilitate the massage and the nutrition of the baby. It is specifically for strong bones and muscles. The formulation has ingredients which give these benefits. One ancient text is the Caraka Samhita. In this certain herbs are assigned certain properties. *Kapoor* enhances blood circulation. *Rathan joth* gives it its red color. It is an herb which protects the skin from skin diseases. The basic oil is sesame.

In her narrative, both Dabur and *Lal Tail* are first and foremost associated with Ayurveda, which is explicitly located in ancient texts such as Caraka's. The specific ingredients of *Lal Tail*; its oil base and herbal ingredients possess qualities which confer particular benefits for the bones, muscles, nutrition and

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[47] On Dec. 29, 2003 1 USD = Rs. 45.6753, Federal Reserve Bank
[48] On Dec. 29, 2003 1 USD = Rs. 45.6753, Federal Reserve Bank

circulation. An identification with Ayurveda is critical to Dabur's identity and marketing.

Dabur and Ayurveda

In Dehra Dun I had noticed few magazine ads for *Lal Tail* but had been told frequently that people saw ads for *Lal Tail* on television. Ms. Sharma confirmed Dabur promotes primarily through TV ads and consumer promotions: get a free teether with purchase, enter an essay contest to win a gift hamper, and so on. They do not market directly to physicians. Their strategy is to explicitly associate the Ayurvedic qualities of the product with its superiority for infant massage. "Our commercials are specifically saying that massage for baby is very important, but not with any ordinary oil, but with Dabur *Lal Tail* because it's a special Ayurvedic oil for baby massage. In an old ad we showed a mother making mustard oil, putting things in it, getting hassled and then coming across *Lal Tail*."

The Dabur website foregrounds Ayurveda in their description of the activities of the Dabur Research Foundation: "The foundation has been doing clinical trials on traditional herbal drugs to validate the claims made in age-old scriptures of Ayurveda," and in a statement of Corporate Philosophy,

> Ayurveda--the science of life is based on healing principles of nature. All Ayurvedic preparations have their ingredients derived from Nature. Dabur has converted the healing properties of natural ingredients and the age old knowledge of Ayurveda into contemporary healthcare products to alleviate health problems of its consumers. Dabur is committed to expand the reach of this age old knowledge of Ayurveda and Nature through web. Through web, we aim to overcome

> the physical boundaries to take Ayurvedic way of life (sic) to global frontiers.

The stakes in Ayurvedic medicine can be high. Cohen (1995) describes attending a conference on traditional Asian medicine in Bombay in 1990. In the paper he presented he addressed the controversy that arose from Vick's claim that its Vapo-Rub cold-balm was Ayurvedic and the lawsuit launched against it by a competing manufacturer. After his talk he was approached by an older man who took him aside and informed him that he was from a "dynasty of vaidyas" and was currently acting as a consultant to Proctor and Gamble in their defense. He was engaged in "proving" that Vick's was Ayurvedic based on its ingredients, holistic properties, lack of side effects, humoral properties, and so on. After a long pause he finished in a stage whisper, "Personally, let me tell you, it *isn't*" (Cohen 1995:337). Identifying *Lal Tail* with Ayurveda has also been crucial to Dabur's advertising strategies, both for the baby oil specifically and in terms of Dabur's own corporate identity. The implications go beyond the marketability of the product or even the brand name. In India, Ayurvedic and other medical products (biomedical, homeopathic) are exempt from excise taxes that other consumer products are subject to. Thus a medical designation can be enormously profitable to a manufacturer, both through increased sales and lowered costs.

When Dabur recently claimed that *Lal Tail* was an "Ayurvedic medicament" for tax purposes, the Indian government disagreed, stating that Lal Tail is not a "medicine," and therefore not subject to special classification, "The product literature clarified that it was a massage oil for the care of baby's skin, which strengthens muscles and nourishes the baby's tender skin keeping it soft and supple. The curative or prophylactic functions,

if any, were thus subsidiary. The product thus merited classification under heading 33.04 as product for the care of skin." Dabur appealed, based on the argument that the oil's purpose is not to beautify the skin, and because it contains ingredients which are mentioned "in the authoritative books of Ayurvedic medicines." The Indian government did not agree and assessed Dabur a Rs. 6.13 crore (approximately $1,342,000 USD[49]) penalty covering the period of November 1997 to September 2000 (Report of the Comptroller and Auditor General on the Union Government 2002:11.2). The *Lal Tail* bottle and massage instruction insert I purchased in 2001 refer to *Lal Tail* as an "Ayurvedic Baby Massage Oil," but in December, 2003 the Dabur company website refers to *Lal Tail* only as a "Baby Massage Oil."

Time will tell how Dabur's corporate identity and their marketing of *Lal Tail* will be affected by the government definition of Ayurveda, and if that very definition will withstand the attacks of "Ayurvedic" pharmaceutical manufacturers. What is notable is that the Indian government has a stake in regulating and defining Ayurveda. Products cannot simple be called Ayurvedic, they must meet government standards which demand that all "medicines" cure or prevent disease. This designation stands in obvious contrast to the ways Ayurveda is described in classical texts such as the Susruta Samhita, where the preservation of health is considered of equal importance to healing the sick. While an oil for daily massage might easily classify as "Ayurvedic" by the standards of Susruta, Ayurveda as practiced in contemporary India has become increasingly removed from concern with the daily regimes of self-care, and more concerned with treatment of disease. Its institutional forms have been modeled after biomedicine, and Ayurvedic training also includes training in anatomy, microbiology and other biomedical systems

[49] Rs. 6.13 crore = Rs. 61,300,000, on Dec. 29, 2003 1 USD = Rs. 45.6753, Federal Reserve Bank

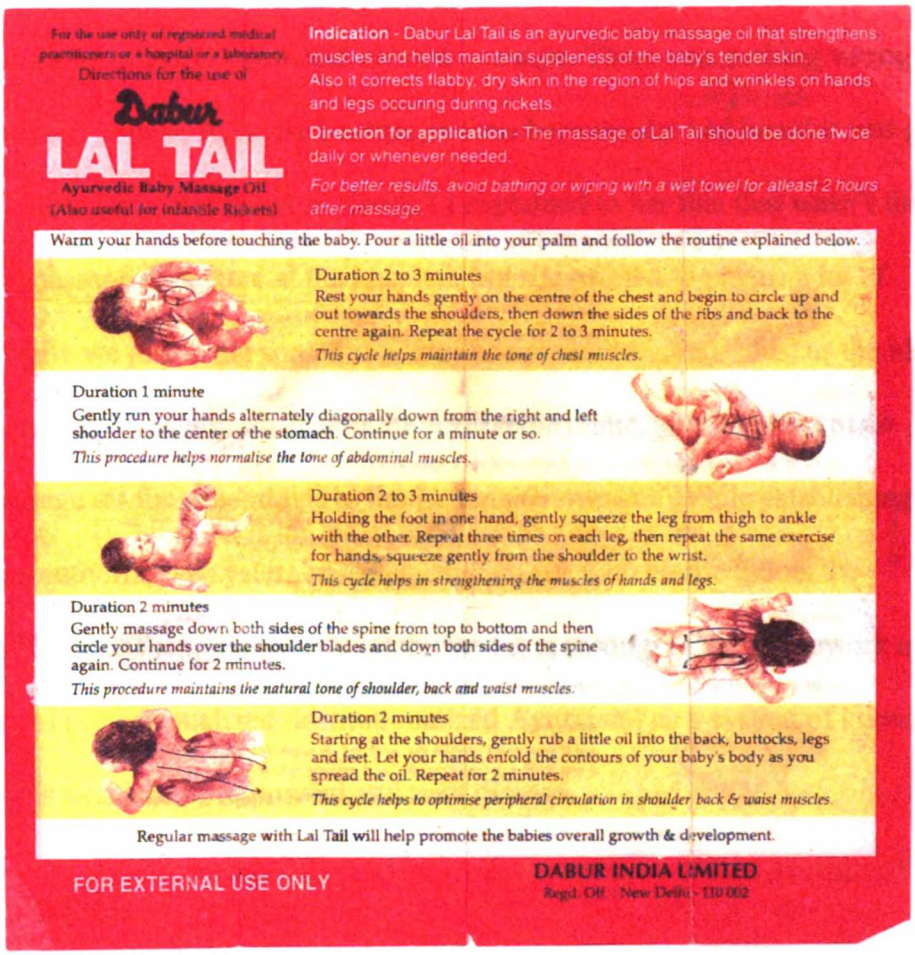


Figure 8. *Lal Tail* Package Insert. Identical Version Appears in Hindi on Reverse Side

(Langford 2002). The two Ayurvedic practitioners I interviewed in Dehra Dun performed massage exclusively to treat illness or injury. One told me, "One time a foreign woman came in to the clinic and wanted massage. There was nothing wrong with her, she just wanted to have Ayurvedic massage done because she had heard it was good for her, maybe like at a center down in Kerala? I explained to her that that wasn't the purpose of the massage done here at the hospital, but she offered to pay us a lot of money. Eventually we just made something up. She seemed satisfied." Just as the idea of a generalized massage was nonsensical in the Ayurvedic clinic, so is the idea of an Ayurvedic massage oil for general use to the Indian government. While establishing Ayurveda as an authoritative system of knowledge on par with biomedicine, the government of India has simultaneously established it according to the framework of biomedicine (and professionalized, institutionalized Ayurveda) as a system of knowledge whose purpose is exclusively to prevent and treat disease.

Hindi-only Advertising

My general impression was that Dabur's ads were not as frequent or as visible as Johnson's. I realized that this impression might have been the result of my greater exposure to English-language media; I had never seen or been told of a *Lal Tail* advertisement in anything other than Hindi Media. Who, I asked Ms. Sharma, was Dabur selling to? Weren't they missing out on a huge potential market?

> Hindi vs English? *Lal Tail* is a very Hindi brand. And seventy percent of our sales are in UP, Bihar, MP, Maharastra; seventy percent of our sales are in Hindi states. All our advertising is in Hindi, primarily on

> *Dardoorshan*[50], slightly supported by cable. *Lal Tail* is used in the heartland. There is resistance in 'English' India; to its color and smell. Mothers overlook this because it is so highly recommended. The lower middle class are fine with it. A Lucknow consumer said that when your hand goes red you know there's something good in there. Our new baby oil will be a premium oil and will be marketed more to the upper-middle class etcetera. The price will be higher; it is a more urban, educated, higher income market. We will have more ads on CNS[51].

I asked about the new baby oil:

> People say olive oil enhances fairness. Dabur Baby Olive Oil has a main base of olive oil, has some sesame oil and is enriched with sandalwood, almond, neem (for nourishment) and tulsi (for its antiseptic properties). Imported olive oils are gaining ground in the market. This drove us to meet consumers' needs. A mother using Johnson & Johnson knows it's a 'feel-good' oil. It smells nice. Its transparent. But she wonders; its so light. Does it do any good? *Lal Tail*, mustard oil, *ghee* and so on are 'do-good' oils. People know they're good but maybe they don't like the smell or something else. The olive oils seem as a bridge between the 'do-good' and 'feel-good' oils.

This division of oils into "do-good" and "feel-good" types is interesting and astute. The properties attributed to oils like *Lal Tail* and Mustard oil are generally that they are heating, and strengthen the bones and muscles. They are directly good for the baby in clearly identified ways. *Lal Tail's* goodness is demonstrated in a Dabur Hindi-language television commercial,

> A mother tells her infant[52] son, "Your Papa's Papa is coming." The doorbell rings and grandfather and grandmother enter. Grandfather says, "Look what we've got for you. A walker (He holds up the walker)! *A song plays in the background, "Little one, how fast you run."* The grandparents laugh with delight at the sight of the boy toddling, "He's walking already!" says Grandfather. The mother explains, "I massage him by hand with Dabur *Lal Tail* every day. Well selected herbs in this oil give the bones a lot of strength; that keeps a

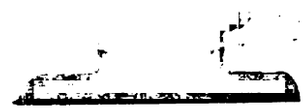
[50] Indian national television
[51] Cable Network Services
[52] the baby appears to be no more than a year old

child always ahead." Grandfather laughs again, "I'll have to get him a football!" *Voiceover, "Dabur Lal Tail; keeps a child always ahead."*

Again, here we see that Dabur does good; it helps a child walk and keeps him "ahead." What is good about Dabur is its efficacy, its strength, its specificity. This set of qualities stands in stark contrast to Johnson & Johnson, whose good comes from its pleasantness, its purity, and its neutrality.

Dabur and Biomedicine

Dabur's relationship with biomedicine is clearly a complicated one. They use some of the methods and discourses of science. They use state-of-the-art research techniques. They claim to have conducted many studies of their own in their "oil lab" that demonstrate the efficacy of *Lal Tail* (but which I wasn't allowed access to). Ms. Sharma also referred me to an independent study published in a medical journal which determined that sesame oil was the most beneficial oil for massage (Agarwal et al. 2000). Their packaging material claims that *Lal Tail* is "Also useful for infantile Rickets." Yet they do not market directly to physicians, and see the medical profession as often being antithetical to their product and its purpose. Ms. Sharma said, "As regards to massage there are two schools of thought, Penelope Leach and Benjamin Spock. Benjamin Spock said: 'Just let the baby be. Don't massage.' Many doctors say this. Among the upper middle classes doctors tell parents not to massage; the baby's body is very soft; any pressure may form or deform the baby. People still massage because they don't see any harm in it even if there is no nourishment."



Dabur's discourse locates it in a carefully articulated space. The product is described as Ayurvedic, its customers are Hindi-speaking residents of the heartland who want to "do-good" for their children. Its efficacy is validated through clinical science, in the face of opposition from biomedicine. They both make claim to, and subvert, the tropes of modernity (after Langford, 2002). Label information on *Lal Tail* bottles is both in Hindi (written in Devanagri) and English, with the ingredients are listed only in English. Possibly, *Lal Tail* consumers aren't interested in that information; the fact that it's "Ayurvedic" is enough. But to a particular critical consumer, the Dabur labs and the English ingredient list signify, less through their specifics than through their forms, that Dabur does not live exclusively in the hands and minds of village grandmothers. To Dabur, like Johnson & Johnson, a good customer is also a good mother. But a Dabur mother would be the type of mother who might be critical of the unquestioning pursuit of a modern global ideal. In their television ad, that modernity, signified by a baby walker, is treated as a given and accepted as part of life (at least among the depicted upper-middle class), but rendered superfluous by "tradition": Dabur, *Lal Tail* and massage. A Dabur mother recognizes her linguistic cultural lineage and seeks to define what's "good" for baby by the standards of Ayurvedic tradition. And instead of being light and gentle, itthat "good" is pungent, viscous and strongly colored. For Dabur, it is more important to be strong than to be gentle. And it follows that a strong oil will impart more strength to a baby. To be a Dabur consumer is to be modern in a particularly grounded way: rooted to Indian history and culture, making claim to an Indian identity that makes global forms subservient to Indian desires.

Ms Sharma left me with this observation, "There is a rational route to communication versus an emotional route to communication. There is an emotional aspect to massage. India is not so up front about emotional connections." This may be true. This perception, at least, might relate to Dabur's comparatively spare use of expressive emotional language when talking about its product. Dabur doesn't erase all implications of love in their advertisements. Their television ad conveys the suggestion of love in its depiction of an Indian family who behave warmly towards each other, and who clearly delight in each others' presence and in the well-being of their youngest member. A *Lal Tail* print ad in *Griha Lakshmi* (March 2000) announced an essay contest soliciting mothers to send in stories about their infants that are "sweet and sour and heart-tickling"; the best essay would win a *Lal Tail* gift hamper. Dabur clearly recognizes that people love babies. But they do not make any special claim to love, and certainly do not treat "love" as metonymic for "massage" or "Dabur" in the manner of Johnson & Johnson. The ads at most, perhaps, imply that a mother who loves her baby will want to help him grow strong and healthy, and the best way to do this type of "good" is with Dabur.

SHALAKS' OLEMESSA

At the time of my stay in India, Shalaks did not have a website. It is a relatively small company compared to Dabur and Johnson & Johnson. By early December, 2003 they did have a website[53]. On it they describe their products: lotions, prescription drugs, soaps and oils. As a privately-held company, Shalaks does not make financial records available to the public. They are a company of more than 150 employees who distribute

[53] www.shalaks.com

across India. According to Vinod Kumar, Shalaks co-founder, Shalaks was started in Delhi 25 years ago when his family's chemist shop expanded.

Olemessa was the first product Shalaks produced, although they now also make various prescription and non-prescription skin care products and syrups for cough and cold. Mr. Kumar told me, "There was a vacuum for baby massage oil. Johnsons was there but it contained mineral oil. There was a vacuum for a good baby massage oil. We developed Olemessa through only books." I asked, were these Indian books or western books? "The books were only western books." In Dehra Dun, Olemessa is commonly believed (because of the sound of the name) to be made of olive oil. It was described many times as the "poor man's olive oil." Mr. Kumar was reluctant to tell me the ingredients in Olemessa, or to confirm outright whether or not it did in fact contain olive oil. He finally offered, "It's a mix of vegetable oils: sunflower, peanut, and a combination of other oils. Most people in the West don't like mineral oil. Vegetable oils absorb into the skin. They also provide some vitamins. Most books say that only 10-15% of olive oil is good for babies." Mr. Kumar told me that Shalaks doesn't advertise Olemessa to the public; rather they market directly to doctors and chemists. However, I found an ad in a January 1998 copy of the Hindi language magazine *Meri Saheli* (My female-friend-of-a-female).The ad reads:

> Healthy Body Happy Mind, Olemessa's Massage Makes the Baby Active
>
> Your newborn is a bundle of natural energy. But this little baby's physical and mental development (strong bones, muscles, immune system and self confidence) depends on you because your baby needs your loving sparsh which will prove to be a boon for the baby.
>
> Olemessa keeps your baby's blood circulation, heart and digestion in form. A light massage affects your baby's brain and nerves in a manner which keeps him/her happy and content.

> Olemessa is a pure and fragrance-free oil. It doesn't have any minerals or white oil which can prove to be harmful for the baby's health, making it a very safe oil.
>
> Olemessa is full of natural merits and scores full on purity. It has been every mother's choice for ages, so much that nursing homes and doctors also recommend this oil for massage.
>
> To take full advantage of Olemessa start massaging your baby everyday from the first month. This will make the baby's bones stronger and develop muscles quicker. Baby will remain happy and calm and contented because only a healthy body can have a healthy and developed brain.

When Mr. Kumar gave me some promotional literature including a pamphlet called A Practical Guide to Baby Massage, I asked how they had determined the specifics of the baby massage they describe. He answered that the directions on their pamphlets come mostly from doctors and parents who have been doing it regularly. Their pamphlets give equal credit to both so-called traditional and modern knowledge about infant massage. In the pamphlet, I am ready to have my massage, where are you MOM? the company states,

> The importance of traditional Indian baby massage, for its curing, caring and soothing effect and its role in tactile communication is well established. Being touched, caressed and massaged is as nutritive for infants, as Proteins, Minerals and Vitamins.
>
> Touch, as we all know is the baby's main means of communication. They respond to touch. At no other time in life, is proper massage more beneficial or well received as when the baby is preparing its body for upright posture and mobility. Massage rejuvenates and tones up the body's circulatory and immune systems. It is also a means of knowing if the baby has any area of discomfort or stiffness.
>
> When a muscle is massaged, there is displacement of blood from that region and as soon as the pressure is released, freshly oxygenated blood flows back into the muscle improving its tone. Babies normally uncurl themselves soon after birth from the foetal positions and in this

process stretch their muscles and tend to open their joints. At this stage, massage tones up and relaxes the soft tissues, accelerates the natural development of organs and improves the baby's coordinated physical skills and activities. Paediatrics research has shown that babies progress far more rapidly when regularly massaged with vegetable based massage oils.

In A Practical Guide to Baby Massage, Shalaks again stresses the complementary nature of medical and traditional knowledge,

> The birth of a baby is a wonderful and fascinating experience for a couple. Following the arrival of this bundle of joy, there should arise many doubts about many things that ought to be done for his or her health and happiness. Rightly your family doctor and pediatrician are your best guides. Nevertheless you would also not be ignoring the Grandma tips from your elders which are time tested and have been practiced even in bringing you up. We have in this guide attempted to offer clarifications which will remove a few of these doubts regarding traditional Indian massage for babies. Massage can prove highly Curing, Caring & Soothing for the new born.

The pamphlet ends with;

> Cultivating a habit of Massage in your baby is not the end but is rather the beginning.
>
> We ourselves are also young ones in adult bodies. The pressures of Modern Society and occupational hazards of adult life results not only in aching backs & shoulders after a long stint at the office or circulatory problems suffered by those who take too little exercise, these pressures have also increased the stress related illnesses.
>
> Massage used as a supplement to sound nutrition and regular exercise can greatly enhance the quality of life and combat many of the commonest problems of aging. It is an invaluable aid to relaxation so often sought by people consuming Alcohol or tran-quilizers or other anti-depressant pills.
>
> Whatever our age or stage in life it is never too late to get into a habit of Massage. People even now think of massage as a luxury and turn to it only in times of dire needs. It is a pity that a few people realize the value of massage as a means of relaxation-**an essentiality for optimum performance in life.**

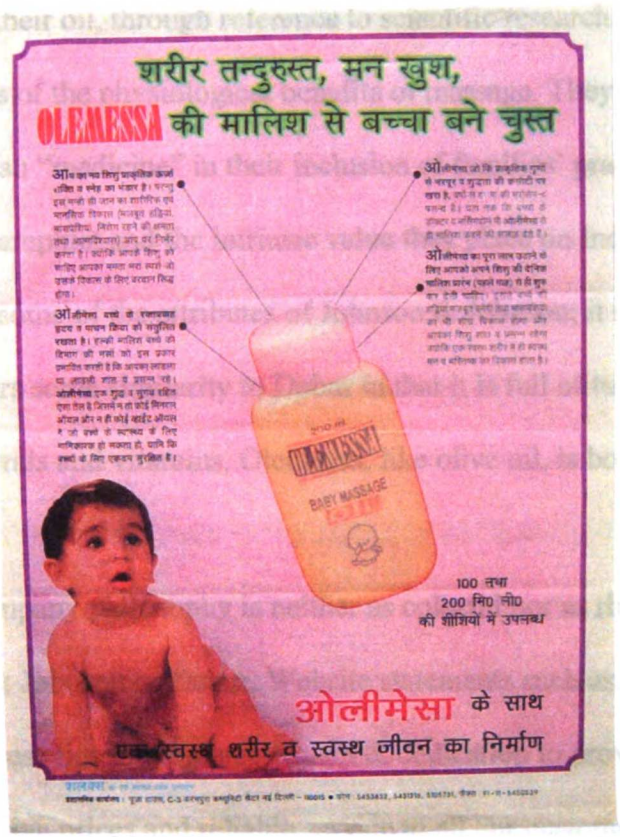


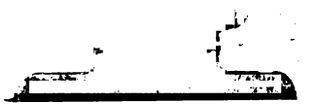
Figure 9. Healthy Body Happy Mind, Olemessa's Massage Makes the Baby Active

Thus, Olemessa sales can potentially benefit through its associations with olive oil, and as such a possible association with homeopathy as well (see Chapter Three). Shalaks links Olemessa to biomedicine through their use of western literature to develop the composition of their oil, through reference to scientific research of massage oil, and through descriptions of the physiological benefits of massage. They also claim the space of popular/folk Indian "medicine" in their inclusion of families' practices in developing their instructional pamphlet and the intrinsic value they place on Indian tradition. Shalaks assigns its baby oil some of the attributes of Johnson & Johnson; it is pure, harmless and pleasant. It also bears some similarity to Dabur in that it is full of tangible benefits; in this case, proteins, minerals and vitamins. Olemessa, like olive oil, is both a "do-good" and a "feel-good" oil.

Shalaks' company philosophy is neither as colorful nor as rhetorically ambitious as that of Johnson & Johnson or Dabur. Website statements such as, "The philosophy behind Shalaks success lies in our commitment & dedication to provide excellent products at competitive prices and reliable service to all our customers" are typical. Upon initial assessment it appears that Shalaks is claiming an intermediate territory, neither as nostalgic modernists like Johnson & Johnson, nor progressive traditionalists like Dabur, but rather creating a space where neither source of knowledge is made subservient to the other and the possibility of conflict goes unrecognized. But in fact, Shalaks' statements linking infant massage to adult needs in the modern world chart out a very specific, and in its own way, equally ambitious course. Massage, in Shalaks' particular traditional/modern configuration is presented as the cure for modern ailments. Shalaks, perhaps, represents and promotes a way of living in which one does not obsessively

naval-gaze about what it means to be Indian in the modern world, where one does not view tradition and modernity as being diametrically opposed and does not live in a state of perpetual identity-crisis as a result. To Shalaks, massage (with all its traditionally and scientifically understood benefits) is the means by which Indians can cope with the stresses of modernity and thus become successful moderns as well.

Baby massage oils function as both personal-care products and as medicines. Commercially prepared baby oils are certainly subject to the same conditions as other pharmaceuticals in terms of their production, marketing and use. In The Anthropology of Pharmaceuticals (1996), van der Geest et al. define medicines as substances with "the capacity to change the condition of a living organism-for better or for worse." In the case of infant massage, oils claim to transform their users for the better. But a better/worse model is analytically inadequate for consideration of the different types of "good" baby oil manufacturers promise. Rather, after Nichter and Yuckovic (1994), in infant massage, not only is the oil itself rubbed in, but also "subtle ideas about the self, illness causality and responsibility and perceptions of entitlement, assumptions about what is normal and desirable, which links the physical body to the social body and the body politic." Infant massage and baby oils discourse makes it clear that both modern and traditional values, in various configurations, may be embodied and communicated through the purchase and use of baby oil. The use of such images and discourses are common in Indian advertising (Mazerella, 2003), encouraging Indian consumers to choose the type of "modern" they want to be through their purchase and use of baby oil.



CHAPTER FIVE

EMBODIED ATTENTIONS, INTENTIONS, PRODUCTIONS; WHAT INFANT MASSAGE IS GOOD FOR

"Sparsh means touch. Mother's touch. Mother is more close to the baby. It's the same as Johnson's baby oil" (Doon resident).

INTRODUCTION

In the course of exploring the practice of infant massage in Dehra Dun, I frequently asked the question, "What is the difference between infant massage and adult massage?" Occasionally, a response centered on some mechanical difference; you always use a flat hand on a baby while you might use the tips of the fingers on an adult, or (more commonly) you would use less pressure on an infant than on an adult. But by far the most common response to this question was that infant and adult massage serve different purposes. An adult is massaged to relieve pain or to treat illness or injury. It is, in fact, a medical practice, and whether this medicine is categorized as "Ayurvedic," "allopathic," "folk" or other, it was nonetheless clear that adult massage in Dehra Dun is considered to be treatment for pathology or malfunction. In contrast, infants are massaged, not to treat any perceived illness or pain, but as part of the fostering of normal, healthy child development. Illness might occur if massage is neglected, much in the same way that neglecting to bathe or feed your child regularly might lead to health problems. But infant

massage is no more popularly understood to be a medical procedure any more than are infant bathing or feeding.

The common initial response to my research among the families I interviewed was "Why would you want to study that?" the implication being that infant massage was hardly of sufficient interest to pique someone's curiosity and to lure them halfway around the world to study it. When I explained that babies were generally not massaged in the United States, and that Americans had only recently started to learn about infant massage, their attitudes changed; the subject immediately became worthy of discussion. How could it be possible that American babies, who were seen as being so fat and healthy, were not massaged? "How do your babies grow? They can't grow otherwise. Why do you eat food? In the same way, the baby needs the massage." The majority of the data on infant massage presented in this chapter is the direct result of conversations that grew out of the resultant mutual curiosity about infant massage. It is noteworthy that it was the transnational framing of massage--the same framing to catch my own attention so early in my research--that transformed infant massage into a topic of interest for my informants. Although the specific topic of discussion was infant massage, I read this response as indicative of a larger mutual shared interest, that of the relationship of the local to the global.

Massage is something that is more often done than talked about; nonetheless, many of its benefits can be easily talked about. Others resist conversational convention but can nonetheless be inferred. While massage was ubiquitous in Dehra Dun, opinions and experiences varied considerably, as is shown in this excerpt from my fieldnotes;

Home of Nina Thakur, Nuclear family with 2 sons, massaged the first for 2 years and the second for 1 ½ year with mustard oil as taught by her mother-in-law. This interview took place in the ONGC (Oil and Natural Gas Company) housing complex. Residents of this complex are generally well-educated, middle class, and have come to Dehra Dun from all parts of India to work for this national utility company.

Rekha: I read about massage in magazines, and saw on TV and heard from people things that made me change from the way my mother-in-law taught. I did what I did as long as I felt it was good for the baby.

Rani: My husband is from Meerut and he was not massaged by his mother

Nina: We're from H.P. (Himachal Pradesh). It's very cold there. My mother-in-law used to massage the baby (her elder son) before and after the bath to warm him up. Oil is necessary for this.

Interviewer (to Rekha): And where are you from?

Rekha: I'm from Benaras. My Husband's from U.P. (Uttar Pradesh). I was offered *upton*[54] by my mother-in-law but I didn't want to use it. With that you have to be slightly rough. You have to scrub it. I always use Johnson & Johnson. My son got rashes from mustard oil. My doctor said to use Johnson & Johnson. We've also used olive oil.

Nina: You should use mustard oil on the head because it is cooling. Baby oil is heating.

Rani: Both my mother and my mother-in-law massaged my son. However, he was unhappy with the massage, so I never did it. When he was born he liked it. Then he fell ill for two months, so because of the gap it's only occasional.

Interviewer to Nina: How do you feel about massaging your boys?

Nina: I feel happy. There's satisfaction in knowing that I'm looking after the child. I am giving him my best.

Rekha: Sometimes if there's a lot of important work, there's no time. When you skip it, something is there in your mind and your heart, something was missing, the day wasn't complete. I would try to find at least 2 or 3 minutes at night to give a massage.

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[54] A ball of dough made from chickpea or other lentil flour, rolled in oil, then used to remove hair from infant's body.

Rani: It's not necessary to massage babies. Most people aren't doing it. I have a friend that didn't massage her daughter at all. The baby is strong. Fine. At Bombay hospital they tell them not to massage babies[55].

Interviewer: Have you ever heard of the word *sparsh* used when people talk about infant massage?

Nina: *Sparsh* is mother's touch.

Rani: I don't believe in mother's touch. My son was cared for by my mother-in-law for three months and there's no difference.

Rekha: No. No…

Nina: Mother's touch is very important. You fed them, you brought them up. They want to go back to their mother.

Rani: It's not the mother. It's whoever he felt comfortable with right from birth.

This conversation demonstrates the variety in knowledge and opinions of infant massage in the Doon area and that many of the generalizations about infant massage I present in this chapter represent a sort of amalgam of the knowledge and practice of massage. I am confident that if presented with a copy of my description of infant massage and what it is good for, most residents of Dehra Dun would say that yes, that is mostly true. Nonetheless, almost every one would likely take issue with one or more of my statements. My composite of infant massage is not intended to suggest that alternate understandings and enactments exist in contradiction to my portrayal, nor do I consider them to be outliers in any way. Rather, I present the most commonly discussed attributes and characteristics of massage to construct infant massage as a concrete object,

[55] Although most physicians I have met in Dehra Dun and Delhi were supportive or neutral about infant massage, there were exceptions. The suggestions that 'Doctors tell us not to massage' is one that came up occasionally but with some regularity in my fieldwork. Reasons given usually centered around a fear of dislocated limbs, damage to the skin, or other physical injury.

artificially and temporarily, in order to ground the reader and the author in a common space, from whence a productive conversation can emerge.

In this chapter I demonstrate and question the necessity and normalcy of infant massage and present it in the context of a constellation of interrelated infant-care practices. The core triad of this constellation is the massage-exercise-bath. Massage and its related practices serve a variety of purposes; from building a strong body, to speeding growth and development, to preventing illness. But not all benefits of massage are physical; massage is a somatic practice that builds more than a corporeal body. Massage affects intelligence, personality, the place of the child within the family, and helps to regulate the rhythms of the body and domestic life. Massage shapes the individual as a transnational subject, a citizen, as a person who may be "modern" or "traditional," and often must be both. Massage, in many ways, is instruction in how to be.

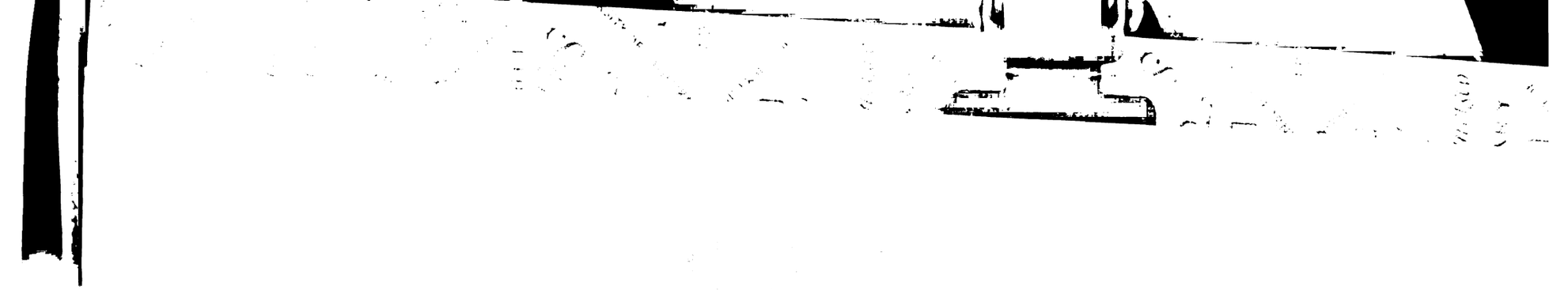
MASSAGE AND ASSOCIATED PRACTICES

Mother/Child Massage

Infant massage is not only part of a larger group of infant-care practices, it is also part of a tradition of mother and child care practices. Mother and child massage (*kaccha-bachha malish)* are part of the confinement tradition of Indian mothers and newborns. In this tradition, mother and infant are kept isolated in a separate building or in one room of the home for a period of thirty to forty days. Until that time the new mother abstains from work and food preparation and she and her baby have either no contact or very limited

physical contact with other members of her family, especially males. The focus at this time is on regaining the mother's strength following delivery, and keeping her and the baby warm in order to prevent illness. Childbirth is considered to be a ritually polluting process and both mother and child are spiritually contaminated: rituals conducted at the end of the period of confinement purify both and allow for their safe re-introduction into domestic life. Until then, the rest of the household and society in general are protected from the negative effects of the pollution of birth (in much the same way, menstruating women may be forbidden to prepare food). During the period of confinement, baby and mother are attended to by low-caste and Muslim *dais* who also deliver babies who are born at home.

In Dehra Dun, confinement is rarely, if ever, observed in this strict form. Rather than being kept in isolation, new mothers might be restricted to the indoors, but have free access to all of the house. They might be banned from the kitchen, but expected to return to other domestic chores as soon as they are able. They are often allowed visitors, but restricted from going visiting. And the period of confinement may be shorter: one or two weeks. Among the working poor, women have little choice but to return to all of their economic responsibilities as soon as they are physically able, and in nuclear family households a new mother might likewise be forced to return to her regular routine of cooking and cleaning within a few days of giving birth. The pressure to return to domestic labor is often mitigated when her mother or mother-in-law comes to visit to help take care of the household for one or more weeks, which is common. Young women sometimes return to their parents' community or home when they are expecting so that they will have the care and support of their natal family during and after childbirth.



Women do not generally talk about the traditional confinement practice as something repressive or restricting, but rather as a time to recover from the rigors of childbirth, to give their full attention to their infants, and to be excused from their normal domestic tasks.

One aspect of the confinement period that is generally maintained, even in the absence of the confinement itself, is the daily massage of mother and infant. A *dai* is called in to massage both the mother and infant, ideally for thirty to forty days (coinciding with the end of confinement when it is practiced), but for at least one or two weeks if the family can't afford her services for a full month. If the family are very protective of the infant and prefer to have a senior female member of the family give the infant massage, the *dai* will nonetheless massage the mother, usually starting the day immediately following the birth or shortly thereafter. As one young mother whose baby had been born at home explained, "My massage began after three days. Three days is the time it took to clean the whole house, whitewash the birth room, and wash all the clothes, even those in storage. I think that's stupid." The massage focuses on the torso, limbs and back, and lasts about thirty minutes. This massage is credited with the quick return of a woman's pre-pregnancy figure by helping the skin and muscles to contract; after a pregnancy the body is thought to be very "loose": massage tightens it up. The body is also very weak and painful at this time; massage gives energy, soothes pain, and helps the woman recover faster overall from the effects of pregnancy and childbirth. I was told, "I was massaged once a day for forty days. Massage relaxes the mother's total body and helps to remove pain. It gives you strength after weakness." And finally, massage heats the mother, thereby preventing illness. Women go to substantial lengths to keep warm at

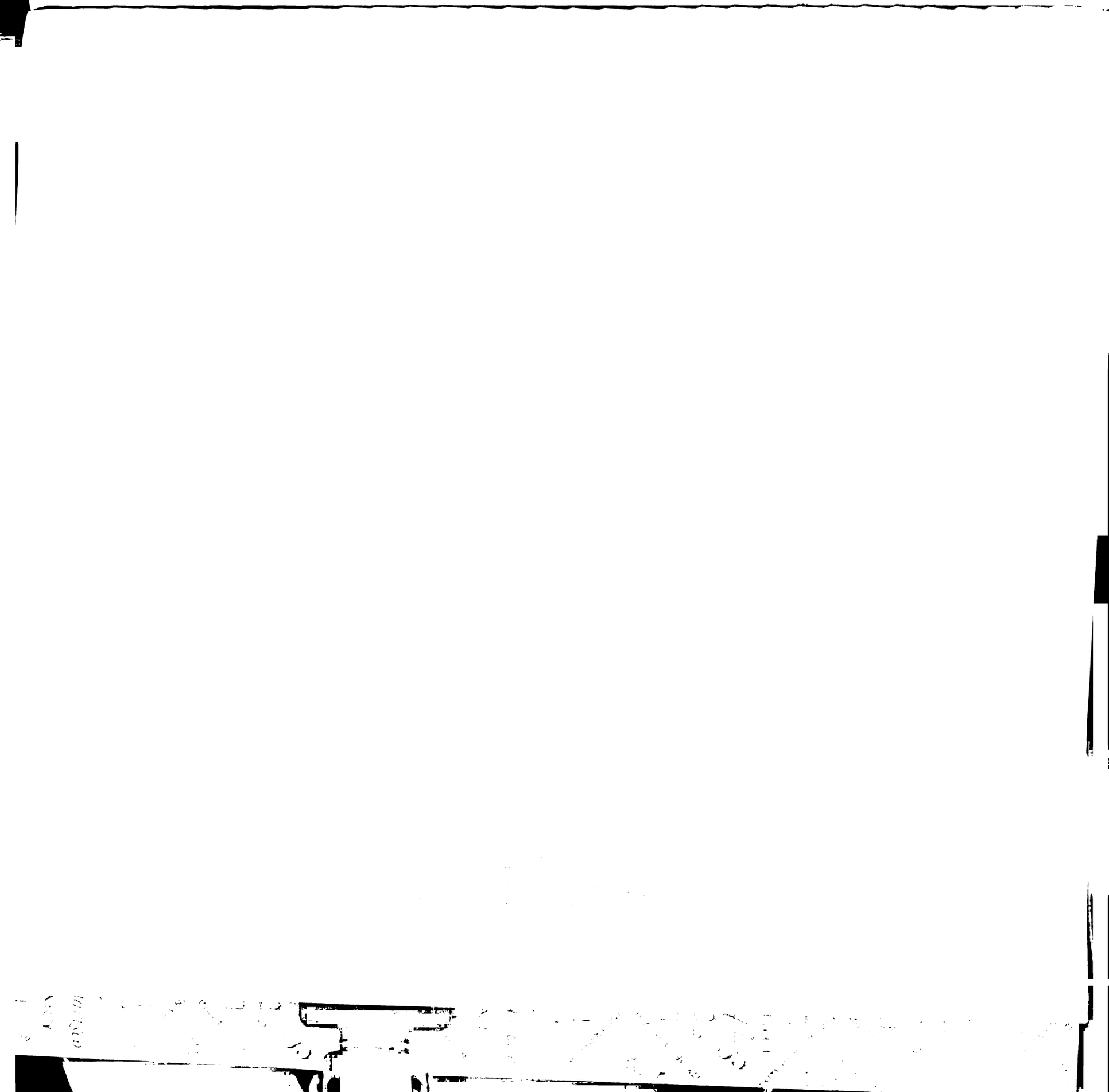
this time; they eat "heating" foods and wrap both their stomachs and heads, to keep out the wind, even in the heat of summer. A new mother will usually not be massaged after a caesarean section, but sometimes the *dai* will massage her arms and legs.

Infant Massage

The massaging of infants may begin as soon as the day of birth. This is the case in nursing homes where infant massage is part of the basic care regimen. When the massage is not done in the nursing home, it might begin on the first day the child arrives home from hospital. In the case of home births, a *dai* or grandmother might also massage the child soon after birth. In some cases the baby's skin is thought to be too delicate to withstand massage so soon; massage might begin later, but usually after no more than ten days. Families might choose to wait until the first neonatal ritual has been held at about one week after birth before beginning the massage. Finally, very premature or weak babies will usually have their massage delayed until such time as it is thought they can tolerate the physical pressure and changes in body temperature that massage provokes.

The child is lain either across the legs of the masseuse or on a bed for the massage and exercises. Once he is old enough to sit up comfortably, his arms, back and torso may be massaged while he is in a sitting position. As the infant ages, the pressure used in the massage gradually increases, and the duration of the massage also increases. Most people suggest that newborns should be massaged for fifteen minutes or more, and older infants for half an hour or more. Although it is considered ideal to massage an infant as often as four times a day, most babies get a single daily massage conducted in the morning. Daily

Figure 10. Newborn Being Massaged in Nursing Home



massage continues until the child is about one year of age or until he begins walking. At that time it might be reduced in frequency or stopped altogether. By this point, massage has accomplished one of its main purposes, that of helping the baby to develop to the stage of walking. With this increased mobility the child often becomes less co-operative, running away to avoid massage, and in the average home massage ceases to be a daily activity at this time. Nonetheless, in some households, children are massaged daily for longer periods, sometimes up until the time they start school. Many children receive occasional massage until and beyond their teens, although this massage increasingly begins to resemble adult massage; for instance, to ease strained leg and back muscles that result from carrying heavy bags of books to and from school.

Most commonly, massage practice changes little over the course of infancy. Pressure may be increased over time as the child's tolerance increases. However, in the practice of some families the focus of massage changes with the development of the baby. With a neonate, the most attention might be focused on straightening the limbs, focusing on the joints and holding the leg or arm firmly straight while applying strokes. As the child gets older, extra attention might be paid to the back to prepare him for sitting up. After he is sitting, the focus might turn to the legs to prepare him for walking. In Ayurvedic massage the direction of the strokes moves away from the torso through the limbs, following the flow of energy (Johari 1996). Among the infant massages I witnessed, the direction of the strokes was as likely to be towards the torso as away from it. Either direction might be rationalized as "in the direction of the circulation." A downward stroke might be explained as following the direction of the bones, or helping to redistribute body mass away from the torso and towards the limbs. "You should

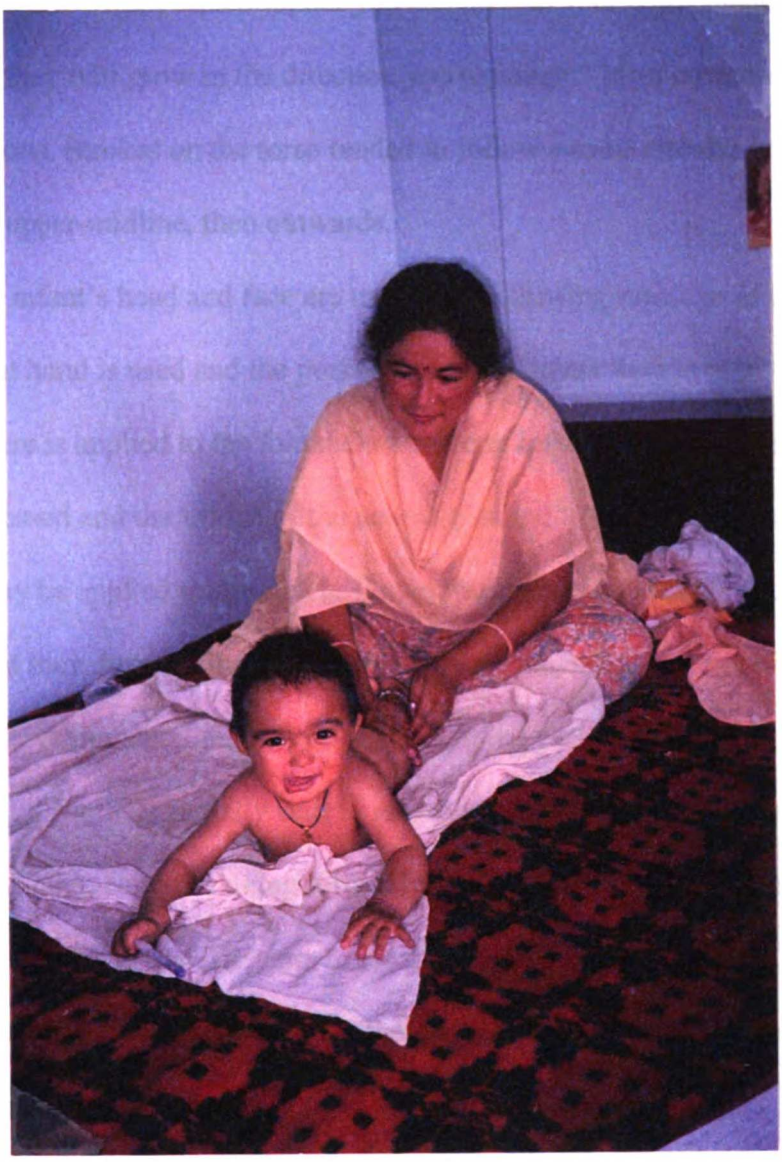


Figure 11. Toddler Crawling Away from Massage

massage in a downward direction, but you can do it to your convenience. The bones are so soft that they will grow in the direction you massage." Most commonly strokes were in both directions. Strokes on the torso tended to follow a semi-circular path, from lower-midline, to upper-midline, then outwards.

The infant's head and face are massaged following massage of the torso and limbs. A flat hand is used and the pressure is much lighter than is used on the body. Little to no pressure is applied to the fontanel of a young infant. The circumference of the head is gently pressed and the bridge of the nose is pinched to encourage pleasing shapes. Pressure may be applied to the ears to flatten them against the skull. Mothers frequently reported that they directly observed the benefits of massage on their children, among them early developmental milestones such as sitting and walking, and general physical conditioning; "Mothers initially start to massage their babies because they are told to by the senior women. But after doing it for a few days you feel it is good for the child. Its muscles are getting better. They are toned up. They will also sleep very well." Infant massage may be a "tradition," but its effects are observable and provide motivation to continue the practice.

Exercises

Infant massage invariably ends with a short series of stretching exercises. These exercises are considered to be an integral part of the massage process and were performed with a great deal of consistency among the massages I witnessed. The baby is placed on its back, and one at a time its legs are pulled out straight and stretched out to the side,

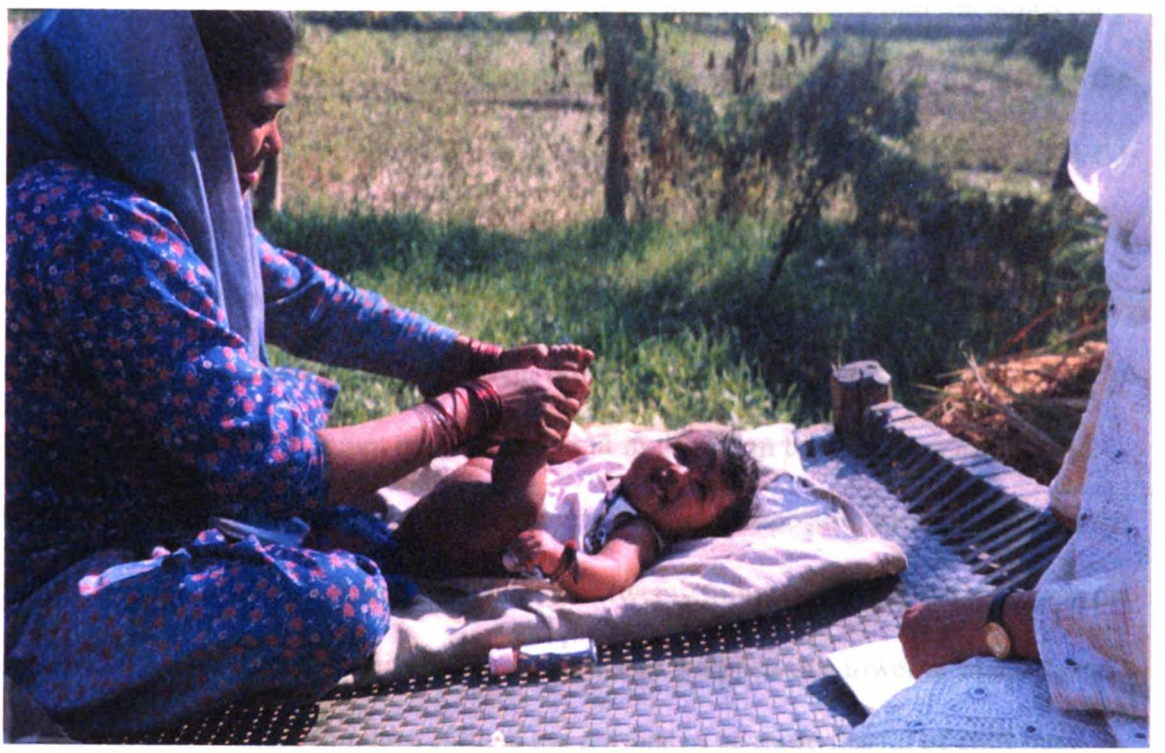
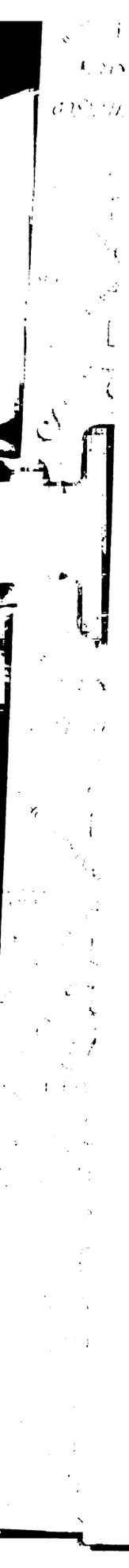


Figure 12. Exercises



then brought back to the center and stretched diagonally in front of the opposite leg. Both legs are bent at the knee and flexed tightly, extended fully, and flexed again, two or three times. Each arm is individually stretched back until it is level with the plane of the torso, then pulled crosswise across the chest. Both arms are stretched back simultaneously, and then pulled to cross tightly across the chest. When the exercises are complete, the infant is usually left for some period of time so that the oil might be soaked into the bones for maximum effect and so that his body temperature (which is thought to be elevated by the massage) can return to "normal." "We give the bath after a half hour, after forty-five minutes for the baby to play, so the body absorbs the oil and the bones become strong. It's important for the back." If the bath were to follow too closely after the massage, the child's body temperature might be brought down too quickly and make him vulnerable to illness. In the winter, the infant might be laid out in the warm but mild sun for thirty minutes or more. The summer sun is too intense for direct exposure, so in that season the infant is kept indoors and bathed after fifteen or twenty minutes. During the monsoon or on overcast winter days, the child will be kept inside wrapped in a towel or blanket, and bathed after perhaps five minutes. If there are reasons to be more fearful of chill than usual the child might only receive a "sponge bath": a wipe down with a damp cloth.

The specific timing for bathing also varies according to individual household routines and the day's schedule. Very rarely in household practice is the baby bathed prior to the massage, but it is generally considered better for the baby's skin and hygiene that that oil is washed off.

Cleaning/Bathing

A baby's first bath is most commonly a soap and water bath. It might be a sponge bath or a variant of the bucket-baths that both children and adults routinely take. When a newborn or very small baby is involved, the person giving the bath will often sit on a low stool in the bathroom with legs outstretched. A bucket of warm water, usually with a few drops of Dettol (an antiseptic/antibacterial product commonly used in the home) added, is placed next to her. The baby is placed on the lower part of the adult's legs, head upwards, laying flat on her shins and supported by the upper surface of the caregiver's feet. A plastic cup is filled with water and poured over the child. The visible parts of the baby's body are quickly and brusquely rubbed down with a soapy hand. Another cup of water rinses the baby; who is then rotated so that if he had previously lay face down, he now lay face up. The procedure is repeated: the entire bath takes only a minute or two. The infant is dried off, sprinkled with baby powder (if it lives in a middle or upper-middle class household), and dressed. An older infant might be sat or stood in the bathing area rather than supported on the bather's legs, but otherwise the procedure is much the same throughout infancy and childhood. Most often the baby is next fed and then sleeps, usually for several hours.

While massage is usually followed by a bath, in some circumstances it may take the place of a bath. Reissland and Burghart (1987) describe "infant massage" in Bihar, India and Nepal. There, within moments of the birth of an infant at home, the midwife will clean the baby by rubbing it with mustard oil, rather than washing it with water. This

Figure 13. Bath

is done to keep the baby from rapidly cooling off after birth, as would be feared to happen if they were washed with soap and water. I did not witness any home births during the period of my fieldwork, and when mothers talked about their baby's first bath they invariably described it as a soap (often Johnson & Johnson's baby soap) and water affair. However, I was invited to observe in-hospital births at Doon's main government hospital by Dr. Jauhari, whom I initially met during my public talk to the members of Doon's chapter of the Indian Academy of Pediatrics. At the government hospital, she told me, newborns were massaged with mustard oil immediately after birth. Would I like to come and see how they do it? Dr. Jauhari had been very annoyed by the comments of an older male physician who had spoken up at the meeting. He claimed to see many children in his practice who suffered from sores and other skin problems, conditions he attributed to massage[56]. His comments, although they were clearly a minority view among the physicians, seemed to incense Dr. Jauhari, who felt very strongly about the benefits of infant massage.

Government hospitals do not have very good reputations in India; they are where only the poor go for health care. When I first arrived, Dr. Jauhari took me through some of the wards where mothers and their newborns were staying before returning to their homes in Dehra Dun and the surrounding area. Some of the rooms had wooden floors and were reached through unpaved walkways; patients lay in wide-strap cots rather than the mattressed beds I saw in the for-profit and charitable private hospitals which I visited in the area. Certainly, conditions seemed quite poor in terms of cleanliness and there were

[56] This was inexplicable to me at the time; the children I had seen in local hospitals suffering from skin conditions were clearly malnourished or suffering from other underlying illness. Casting back after many months of fieldwork and considering the very healthy looking skin of the well-massaged babies I observed, I read his comments as critique of "traditional" child care in toto.

few signs of the medical technologies one normally associates with hospital wards. Despite the relative lack of the trappings of biomedicine in the wards (or perhaps because of it), Dr. Jauhari and her patients seemed to enjoy a more relaxed and familial relationship than any other I had seen before or have seen since in India. She was completely at ease with the new mothers and their families, sitting, chatting and joking and was treated the same way in kind. After a tour of the wards she suggested that it would make more sense for me to watch some babies be delivered by C-section than to wait out the unpredictable likelihood that a baby would be born vaginally during the day I visited the hospital. We headed from the wards to the surgery where a pregnant woman lay on a gurney.

I was led into the surgery and placed, standing, near one corner of the room, about 10 feet from the patient. The patient was under the care of an anesthesiologist, a nurse, and a surgeon, the surgeon being the only person in the room wearing a surgical mask or gloves. The patient was soon unconscious and the procedure begun, the surgical field fully open to view of anyone in the room. Within moments, the surgeon had pulled the infant from its mother's abdomen. While the nurse brought the infant over to the corner of the room where I watched, and placed it on a towel on a scale, the surgeon prepared to close the incision by (as best I can describe it) stuffing the mother's abdominal fat back into place. My attention was drawn back to the baby, as the nurse took the tube of an electric-powered suction device, and thrust it down the baby's throat, suctioning fluid out of its airways. Several times in the period that the baby was left lying in the towel on the scale, one nurse or another would repeat the rather violent-looking procedure. I initially thought this was deemed necessary because the baby was a little blue in the extremities

when born. When the second infant came out pink and squalling and was subjected to the same treatment, I realized it was standard procedure. After about twenty minutes following the baby's birth, the nurse came back to the infant and gave it a quick rubdown with mustard oil. It was not really a massage, but rather an oil-bath in the manner described by Reissland and Burghart. Dr. Jauhari's explanation was similar to Reissland and Burghart's: that the infant was less likely to get a chill after an oil "massage" than a soap and water bath. Although I did not hear of oil baths being given in any other hospitals in the area, I found that some did give brief daily massages to infants (although in those cases the baby's first bath was with soap and water) and others provided no massage or oil treatment at all.

Other Uses of Oil

A baby's head is massaged with oil along with the rest of his body, and that oil is washed off along with the rest during the bath. Prior to or following being dressed, oil is usually re-applied to the baby's head. For a neonate, the oil serves two purposes; it helps to soften and loosen the crusty scales of cradle cap[57] (a form of seborrheic eczema common in newborns). It is also believed to help to speed the closing of the fontanel. Head and hair oiling is common for all infants, and indeed for children and many adults as well. Its application is considered to make the child's hair grow in thick and dark (or to keep hair thick and dark in the case of adults). One older child I met had the most unusual auburn hair; his mother oiled it several times a day in the hopes of darkening it.

[57] Doctors often recommend against the oiling of the head of a young infant because they believe it contributes to cradle cap by creating a surface dust and dirt easily adhere to.

Depending on the type of oil used, and with little consistency from household to household, the oil is thought to warm or cool the head. This temperature regulation is thought to benefit the developing brain and improve intelligence. Any additional beneficial intrinsic qualities characteristic of the oil will also be absorbed by the brain.

Oils are sometimes also put in the infants' nostrils and ears, and then swabbed out to clean them. Physicians rather aggressively try to discourage this practice (especially in the case of the nose) on the basis that it can cause infection, most dangerously pneumonia. Most caregivers report that because of physicians' recommendations they no longer use oil in the nose, although some continue to use it to clean out the ears. When an infant boy is massaged his masseuse may put a drop of oil on the tip of his penis and blow lightly on it to prevent urinary blockages.

Besan/Upton Massage

In addition to their regular massage, many newborns are given what is called a *besan* (gram[58] flour) or *upton* (paste) massage. The gram flour is mixed with yogurt, milk or *ghee* and formed into a ball of dough. This ball is then dipped in mustard oil and pressed, with a rolling motion, to the baby's face and body. It is believed that this will remove the fine hairs of the infant which will then not grow back in coarse and dark later in life. This is equally important for male and female infants; although a very fair baby would not be expected to develop dark body hair and might not be thought to need *upton* massage as much as a darker-skinned baby. It is also thought by a small minority that *upton* massage itself helps to lighten a baby's skin. This massage might be given once or

[58] Chickpea or other *dal* (lentil) flour; it has a finer consistency than wheat flour

several times during the baby's first two months of life. *Upton* is also the term used to refer to a paste made of mustard oil and turmeric which is used on the infant as an antiseptic and to lighten the skin, but is rarely used in Doon.

Expressing Fluid from Baby's Nipples

As a result of exposure to the mother's hormones while in the womb, some infants are born with a small volume of fluid in their own breasts. Once a day for the first two or three days after birth, this fluid is squeezed out. This is usually done by the *dai* or child's grandmother, but is also done by nurses in some local nursing homes. Many other physicians discourage this practice for fear it will cause infection. Those who remove the fluid do so because they fear that otherwise the breast may become infected and painful. They say that over time the breast will become lumpy and swollen; this is unattractive in both boys and girls. "The baby's grandmother squeezed it out. Otherwise it becomes like a lump. Later on it will become painful," was a typical explanation. In the case of a girl, the lumps may cause her difficulty breast feeding her own children later in life. And, according to one grandmother in Selaqui village, "When a cow has a calf her first milk is removed. This is also done with people."

Holding Baby by Head and Shaking

On three occasions during my fieldwork I witnessed massages that ended with the infant being grabbed on either side of the head, pulled up until their feet were dangling

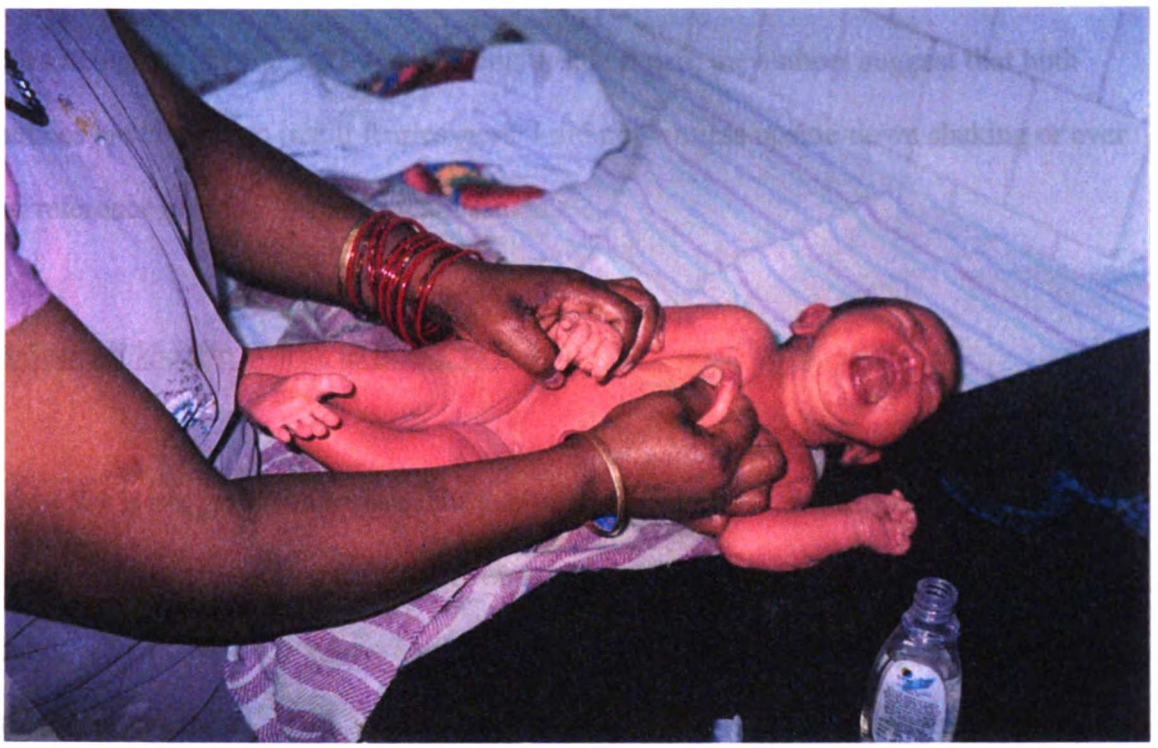
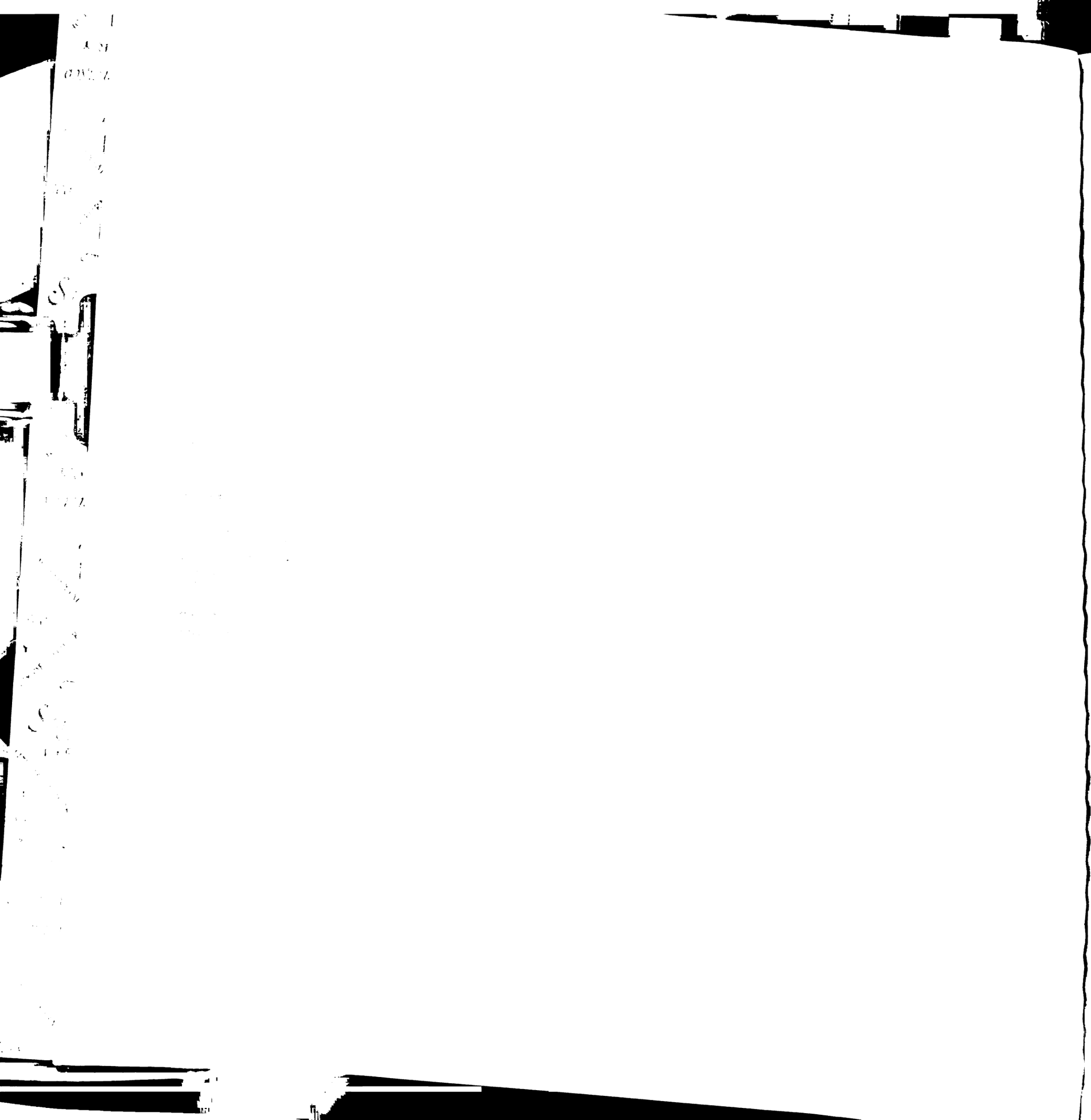


Figure 14. Expressing Fluid from Baby's Nipples.

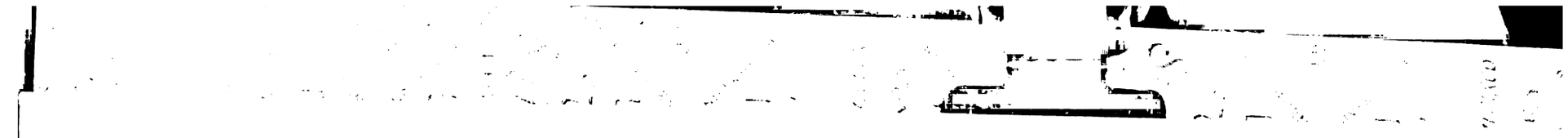


above the ground and once in this position, shaken back and forth. In one case the infant was a mere one month of age. This practice is believed to lengthen the neck and body. One grandmother in Mehuwala village said "*lamba, lamba*" (long, long) as she shook the baby. Reissland and Burghart (1987) report a similar practice, although they describe the infant as somewhat more supported as they are grasped by the neck. They also observed babies being held by the ankles and swung upside down; the authors suggest that both practices are thought to instill fearlessness. I did not witness upside-down shaking or ever hear reference made to instilling fearlessness.

Sek/Sekna/Sikhai (to Warm, to Roast, to Bake)

Sek is not practiced as frequently as massage, but it is nonetheless relatively common. There are two varieties; wet *sekna* and dry *sekna*. *Sek* may be conducted by hand or with a cloth (*kapre ka sekna). Kapre ka sakna* may be wet or dry; when wet it is done during the infant's bath. A washcloth or small towel is soaked in warm or hot water and slapped against the infants back, knees, elbows and shoulders. The legs and arms are held out straight while being slapped. Application of heat in this manner helps the joints open, the limbs straighten, and the back strengthen. In some cases where *sek* isn't formally being done, bathing incorporates the slapping of water against the joints with a cupped hand. In dry *sek*, a *bukhari* (wood stove) or small clay oven is used as a source of heat. The caregiver places her hand near the heat source and when it has become very warm she applies it to the infant. As in wet *sek*, special attention is given to the joints. In this case, however, *sek* is often applied to the abdomen to help with and prevent digestive

Figure 15. *Sek*



problems. Dry *sek* might also be performed on an adult, for instance, to relieve sore, tired eyes. Herbs may be added to the fire in order to imbue the heat with healing qualities. Alternatively, a ball of cotton or piece of cotton cloth may be heated on a pan above the heat source and pressed against the infant for dry *kapre ka sekna*. *Sek* seems to be done most frequently in the winter; at this time of year chills are considered a greater threat. Also, as I was told, "*Sek* is very good with the change of the seasons for heating. If the baby isn't kept warm enough his stomach may start hurting. We did *sek* every morning and evening. The eyes and head get maximum *sek*. The baby's head becomes firmer much quicker. We stopped when the weather warmed." Additionally, in winter, children may not be bathed every day (to reduce the possibility of the baby becoming chilled). If they aren't to be bathed, they may not be massaged, for oil cannot be removed without a bath. *Sek* acts as a complement to and a replacement for massage in these circumstances.

This description of infant massage and related practices highlights that multiple authorities contest to establish control of infant massage. Some doctors tell women not to massage their infants, while others encourage the practice, even incorporating abbreviated massages into their own clinical practice. Grandmothers show or tell their daughters and daughters-in-law how to massage, but their advice might be disregarded in favor of instructions written in a magazine or viewed on television. This suggests that tradition and modernity are in conflict as some women favor media sources over the authority of mothers-in-law. Women might be critical of tradition (such as whitewashing all of the clothing in the house after a birth has occurred) even while submitting to it, or they might be supportive of it, as when they witness that the infant massage directed by senior family women really produces benefits.

"New" sources of information about child care are increasingly coming from outside the joint family, for instance, from doctors, magazines, and television. These sources are not only external local or even national (such as the women in ONGC housing who share knowledge and practice from different parts of India); they are transnational as well. Indian doctors who give advice may do so based on their reading of reports of infant massage in medical journals or in Johnson & Johnson's promotional materials. Information in magazines, as I demonstrated in Chapters Two and Four, often originates from multinational corporations such as Johnson & Johnson. The degree to which Johnson & Johnson's products and messages have penetrated Indian domestic life will be further demonstrated in this chapter; note that the use Johnson & Johnson's baby soap was very common even in homes where oils other than Johnson & Johnson's are used, and that their baby powder is used in most middle and upper-middle-class households. Both the curiosity demonstrated towards my transnational framing of infant massage and the popularity of the use of this transnational corporation's products point to a wide interest among contemporary Indians in exploring their position in the global sphere and in adopting consumer culture.

The specifics of infant massage described so far might lead the reader to the conclusion that massage is only about building the body and preventing illness. I will show that it is much more than that, and that massage is a means to prepare, shape, and inscribe the infant such that he or she will be successful in "modern" life.

REASONS FOR MASSAGE

Physical Development of the Infant

Infant massage is associated with a profusion of benefits. Its benefits result from the effects of three complementary components: the creation of heat, the application of pressure, and the qualities of the oil used. First and foremost is that massage builds a strong body. Most importantly, it promotes the development of strong bones. Sometimes more pressure is seen to build a stronger body, "Kids who were to become wrestlers were massaged with more pressure than other children. If a mother wants her baby to become a wrestler, that's what she does." It helps to tone the muscles and aids in blood circulation. Equally important as strength-conferring is the role of massage in heating the infant and thus preventing disease. Dehra Dun lies at the boundary of the Northern Indian plains and the foothills of the Himalayan mountains. Winter evenings are cold and monsoon evenings are much cooler than they are in the plains to the south. Chill is a constant concern, the more so the farther you move upwards into the hills. This concern is often phrased in a manner similar to this statement from a Doon resident; "Massage makes the baby healthy. His resistance power increases after massage. He won't catch diseases." Massage is also a critical element in the normal growth and development of the child. Well-massaged children are thought to start walking earlier and grow faster. A well-massaged child will appear "healthy." An unhealthy infant is weak and lethargic; a healthy infant will be vigorous and active. A healthy newborn will not necessarily be defined by birth weight (although as he grows it is desirable that he become somewhat

plump). In fact, in Doon, 2 and 2.5 kg babies are locally considered to be "normal," even "big."[59] Rather, a young infant is thought to be healthy if he is active and if he cries vigorously. It is critical that an infant cry with enthusiasm; this is an important contributor to the development of the lungs, gives him energy, and helps him digest food. A baby who does not cry will be thought to be ill and cause alarm. In fact, I was told, "Crying is important; it opens the vocal chords. Gharwalis don't ask if the baby is healthy. They ask, 'Is the baby crying properly?'" This distinction is significant in the case of infant massage as a vigorous massage, such as the ones preferred by *dais* and some grandmothers invariably results in furious squalling on the part of the infant. Upon observing one of these massage sessions, I asked the *dai* to massage my arm with the same force she had the baby. It was intense; tears sprung from my eyes. I doubt I could have endured more than a minute of such treatment. I asked her, "You do it like that to the baby? Doesn't it hurt him?" I was told that no, the crying as well as the massage was good for him. The more he cried the better for the development of both his body and lungs. She said "As he grows, you increase the pressure so he'll keep crying. After two years he'll start liking the massage."

Not everyone is comfortable with this level of intensity; most young mothers are very distressed at the sight of their infant in such apparent suffering. It is only the authority of the *dai* or mother-in-law as "expert" that makes possible such a forceful engagement. Inexperienced mothers are generally fearful of harming the baby through any handling, and when they massage their own baby they almost invariably do it with lighter pressure. Most babies are quite comfortable with a gentle but firm massage, and gurgle and coo through much of the procedure. Yet even some of these mothers

[59] The international standard for low-birthweight is 2.5 kg.

acknowledge the benefits of more pressure and may call in a *dai* later in infancy to massage an infant who isn't developing properly. Weakness in the limbs and delayed appearance of sitting, crawling and walking are often blamed on the baby having not received "proper" massage in the first few months of life. One family I met had an infant son who had been weak and sickly at birth due to an unspecified illness. The aspect of this illness that distressed the family the most was the fact that the baby never cried. They delayed starting massage for several weeks because of his condition, but when they felt he was finally strong enough they called in a *dai*. After just a few massage sessions, the baby began to cry for the first time, eventually working his way up to good, lusty howling. The relief the parents felt upon this event was palpable on their retelling the events to me. The crying signified that their once sickly infant was now finally becoming healthy. Only massage, not medicine, made this possible.

The exercises that follow massage are also considered good for strengthening the body. They confer both strength and flexibility upon the body. They provide aerobic exercise for a baby who can't exercise himself. Massage (and exercises) are also believed to heat the infant's body. Through heat, they avoid chill, acquire resistance to illness (sometimes framed as "build immunity") and will be less prone to becoming ill when facing future changes in temperature. Massage plays an important role in regulating the baby's bodily rhythms and functions; it relaxes him so he will sleep soon after massage, allowing caregivers the opportunity to work uninterrupted at other tasks. It causes him to be more active when awake. It can help to release gas and when applied to the gums, soothe teething problems. It can help some babies to regulate urinary and bowel functions, "*sou sou*" and "potty," although for others seems to have no effect in regards

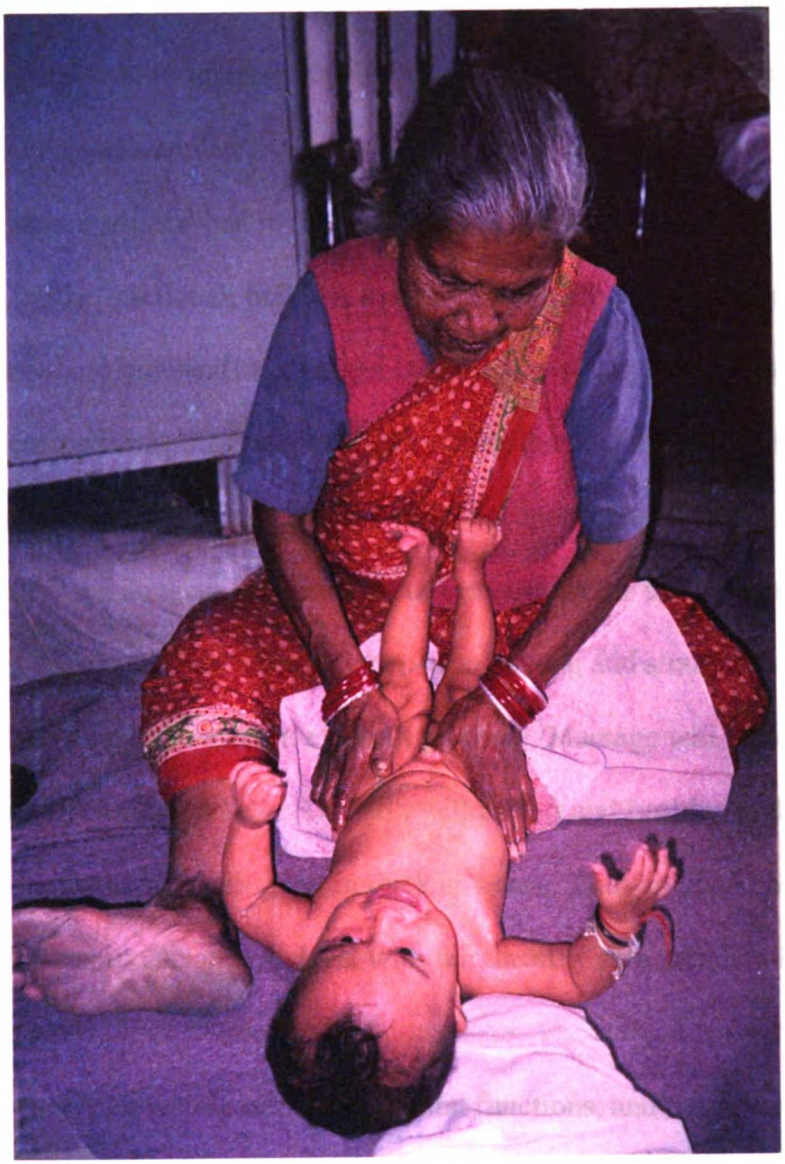
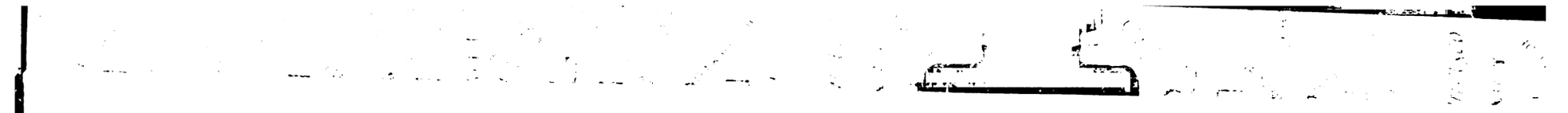


Figure 16. *Dai* Massaging Infant: The parents of this eight month-old infant called the *dai* in because they felt the baby wasn't developing "properly."



to these. It is good for the skin and prepares the body for adulthood. As adults, well-massaged babies won't have aches and pains, their bones will remain strong in old age and they will have good stamina.

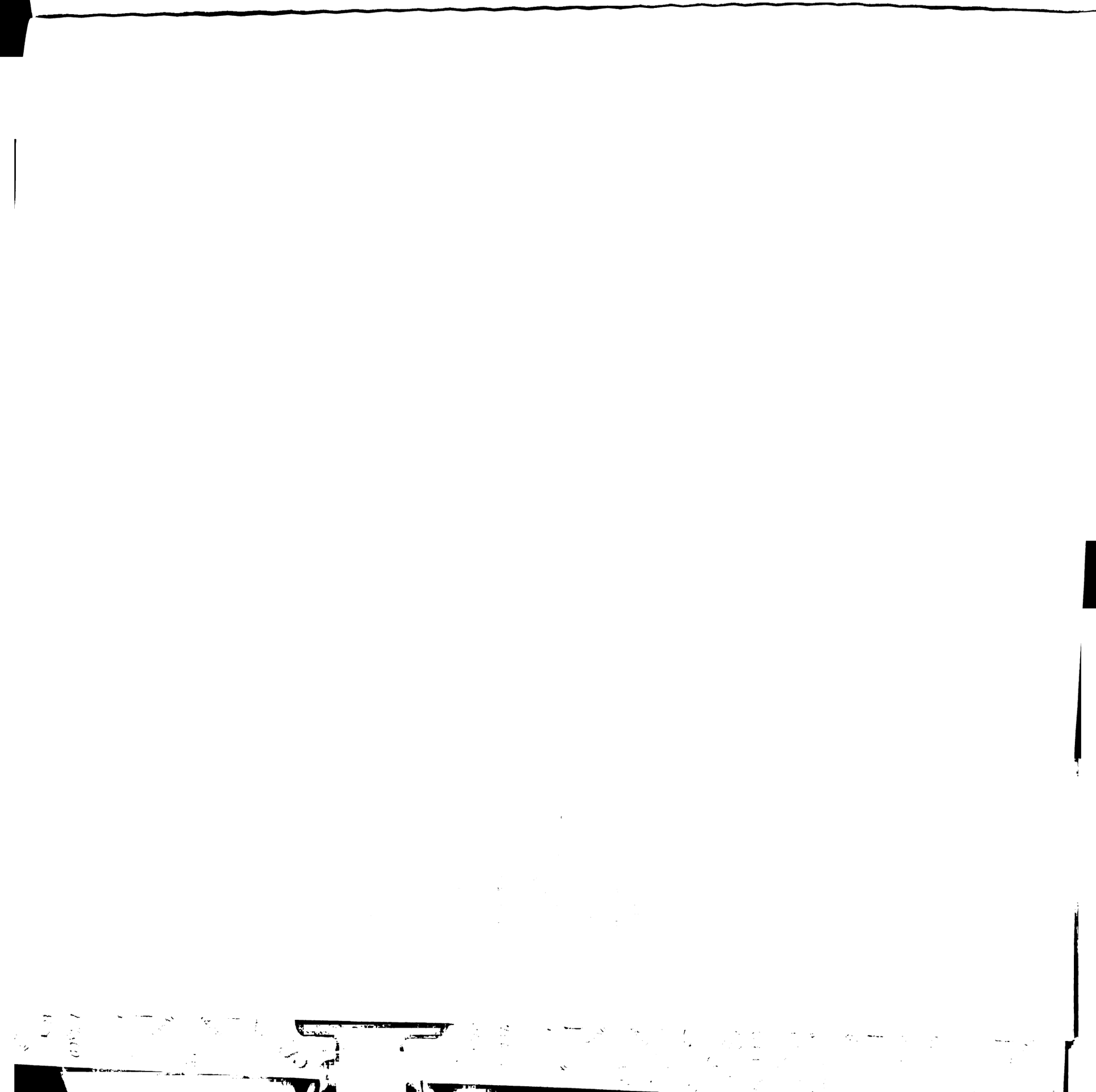
Clearly massage is critical in the building and shaping of the body. The benefits of massage are partly functional; building a strong and healthy organism is the main reason people massage infants. But massage is also used to shape the infant body into aesthetically pleasing form. Massage results in a body that is uniform, straight and tall. "Massage helps put the baby's body into the proper proportions." Rubbing the neck upward makes the neck longer. The direction of pressure on the torso helps shape the ribs, broadening the chest. The limbs are shaped to be long and straight. Extra pressure is applied to the collarbones to ensure they don't protrude. Massage will assure a thin nose, and a rounded (but not domed) head. The skin will be soft and healthy, and perhaps with *besan* massage, fair. The hair will grow in thick and dark. Thus an ideal body that is straight and tall, without unsightly bulges, with fair, healthy skin and dark hair is produced.

Massage serves a variety of developmental functions, and the first response to the question, "What does massage do to the baby?" is almost always framed in practical, anato-physiological terms. However, on closer inspection, massage can be seen to do much more. It contributes to the development of a physical, intellectual, social and spiritual being. Massage is more than a physical act; it is a mode of engagement that contributes to the growth of the whole person.

MASSAGE AND/AS EDUCATION

Education in Dehra Dun

Dehra Dun has long been known as home of the Doon School. The Doon School is India's most prestigious public (in the British sense) boys' school. Founded in 1935 and intended as a school for Indian boys but on the British model, Doon School is best known internationally as the school of former Prime Minister Rajiv Gandhi. Fees at the Doon School (Doon school is an all-boarding school. Some schools in town are day schools, others are mixed) are currently Rs. 102000, about $20,000 US per year. Some schools have even higher tuitions. The girls' school counterpart to Doon is Welhams. There are over 250 more private schools in town (Malik 2001): the Asian School and the Aryan School are also private secular institutions. Other schools are run on the "convent" model; Convent of Jesus and Mary, St. Joseph's Academy, St. Thomas Academy, and so on. Schools in Doon have become a booming business. The reputation of the Doon School is so great that any Indian parent who can boast "My child studies at Doon," regardless of whether their child studies at the Doon school or one of its clones, makes claim to the exclusive and upper-middle class prestige and status of Doon school families themselves. Although Doon locals and Doon School Old Boys Society (DSOBS) members lament that the quality of education at Doon is not what it once was, they acknowledge that it has no equal if you want your son to grow up to be successful in society. The active members of the DSOBS, to which every Doon boy is granted lifetime



membership upon graduation, are among the most successful military, government and business leaders in Indian society.

An interesting result of this school boom in Doon is that there has been a parallel, although lesser boom in elementary and nursery schools. Send your child to the right nursery school and maybe he'll get into Riverdale for lower KG (kindergarten). After a few years he'll be competitive for entrance into Brightlands which will in turn make him competitive for entrance into the Doon School. The pressures were sufficient to cause one five-year-old I knew to wake up screaming with nightmares wherein they forget to do their homework. These pressures may be felt in much of Indian middle-class society; in fact, in many parts of India even poor families are struggling to send their children to privately-run schools (Waldman 2003). Therefore, because of the preponderance of private schools in Doon and their role in educating the future leaders of the nation and producing its future citizens, it is problematic to consider any child-related issue in Doon without taking education into consideration. Local parents of all classes consider a good education to be the most important thing for them to provide to their children.

Sanjay Srivastava claims,

> The Doon School, I will argue, has conducted its national identity and citizenship dialogue through such a 'science' of personality which has emphasized the need to develop the secular, rational, metropolitan citizen, and the depredations of the opposite personality-type upon the health of the civil society. The conflict becomes one between the 'modern' type of personality-the light of the nation state- and the 'backward' psyche, forever ready to undermine its integrity. In the enterprise of 'nation-building', then, social analysis- incorporating, inter alia, class and gender issues- becomes an 'unpatriotic' rubric, undermining the doctrine of citizenship through interrogating the national attitude" (Srivastava 1998:11).

Srivastava's analysis points to the Doon School as a critical site of production of post-colonial citizens in the larger context of nation-building and the pursuit of civil society in India. Doon's schools have widely ranging philosophies about the type of students they wish to produce; one, the New Horizon School, posted billboards about town advertising their products; students who would be built to be "Spartan in Build and Athenian in Mind." Welhams girls' school placed great emphasis on the cultivation of "traditional" high culture and arts (music and dance in particular) alongside academic programs that otherwise resembled the Doon School's. One teacher proudly pointed out to me that while the girls' winter uniforms were woolen trousers and sweaters, the summer uniforms were *salwar-kameez* (cotton tunic and trousers) style (years earlier these had been English-style dresses). Welhams' girls were expected to represent and ultimately become the "best of both worlds."

In addition to the Doon School and other local schools, Dehra Dun is notable for housing the Indian Military Academy (IMA) as well as several federal offices related to natural resources and the environment. Because of these colonial and post-colonial institutions, Doon itself is also a critical space for the production of post-colonial citizens within the context of building civil society. Military (especially officer level) and civil service signify much higher status in India than they generally do in North America, and the dream of many Indian parents is for their children to be accepted into these professions. As the home of many retired military officers, Dehra Dun is also a place where a certain nostalgia for colonial days can be felt. Retired officers reminisce about the order and lack of corruption in the service and government of those times, although

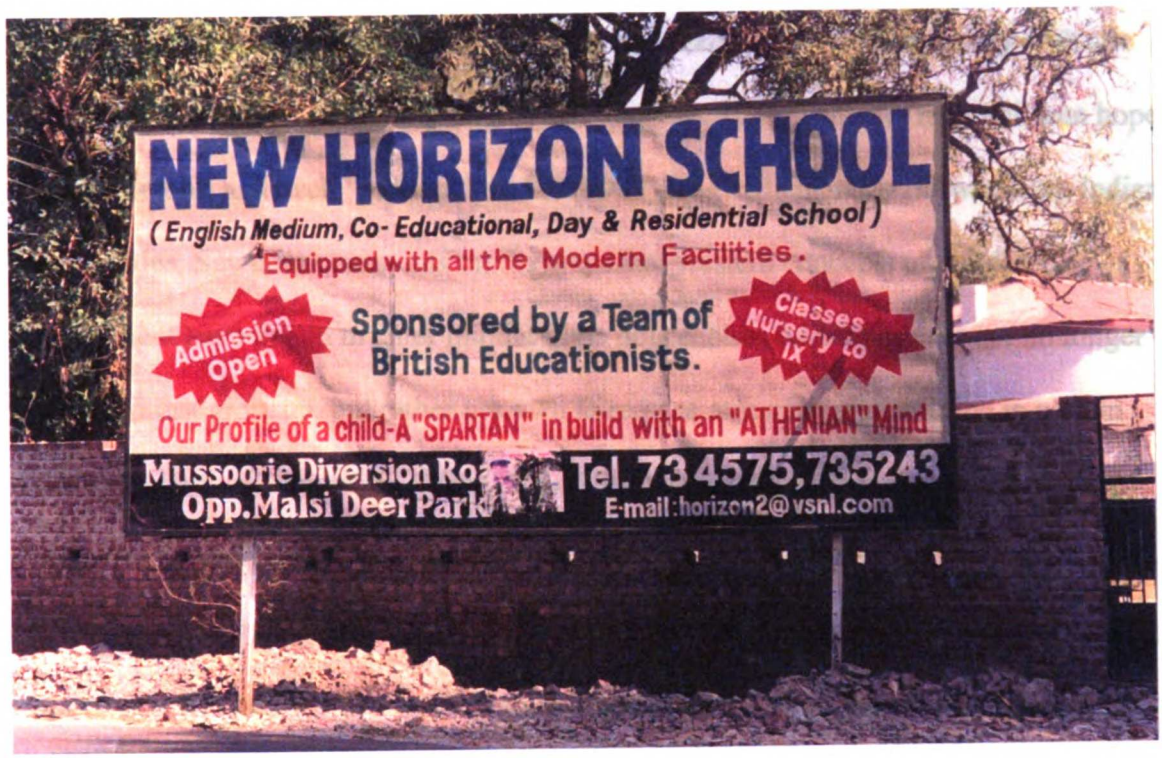
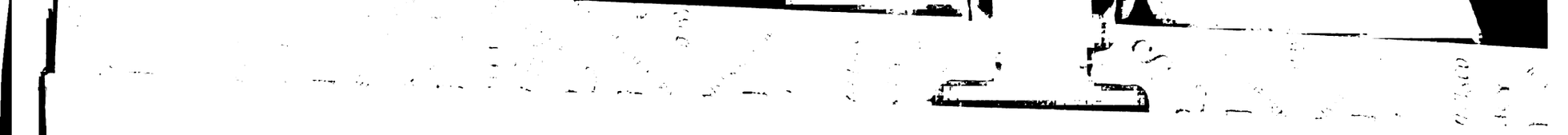


Figure 17: Billboard on Rajpur Road.

(they invariably hasten to add) "...of course it is better that we're independent. But still..."

Thus it cannot be understated the degree to which Dehra Dun's particular history and geography influence its populace's attitudes towards education and citizenship. The long engagement of Doonites with these institutions has led to members of ALL classes prioritizing education as the single most important need of their children; only with a "good" education (and preferably an English-langauge education) can their children hope to be successful and even "modern." In her (1999) longitudinal study of two South Indian communities, Seymour comments on the ways that western concepts of child development have begun to enter middle-class households, where children are no longer allowed to just grow up, but rather are seen to require nurturing and molding in certain directions. This reflects what LeVine et al. (1994) have called the pedagogical model of child care (as compared to a pediatric mode of child care concerned with child survival). The pedagogical model is characterized by caretakers whose principle concern has become preparation for schooling[60]. I found that all families in the Doon area, not only the middle class, were concerned about educational opportunities and discussed the needs of children's development in the context of education. The degree to which people actually *acted* on those desires was predicated very much on economic status. When resources are scarce, it is sometimes possible only to do what is necessary, not what is desirable. People might want to massage, tutor, and buy toys for their children but simply do not have the means to do so. Nonetheless the desire for these things is widely shared,

[60] "We call the Gusii model pediatric, because its primary concern is with the survival, health and physical growth of the infant, and the American model pedagogical, because its primary concern is with the behavioral development of the infant and its preparation for educational interactions" (LeVine et al. 1994:249-250).



at least in part because they are seen as signs of and means to upward mobility by the poor.

According to my informants, being massaged as infants clearly helps to prepare the child for some of the rigors of school life; oil on the head strengthens the brain, massaging the fingers will allow them to be able to hold a pencil and write for hours at a time. Massaging the legs and back prepares them to carry heavy book bags back and forth to and from school every day. These are all very real needs for which parents and grandparents provide through massage. But massage is more than this; it is also an instrument of instruction in and of itself. Massage may be used as an opportunity to impart specific knowledge. Teaching kinship terms and relations is one of the most common instructional uses of massage. While giving a massage, the masseur might ask, "Who's that? Look, Auntie has come!", "When is Daddy coming home?", or "Where is *chaachi*?" (father's younger brother's wife). Thus massage teaches a child to be a certain type of social being, one who is embedded in a network of family and who will eventually learn his place among them. I have witnessed older infants in Hindi-speaking households being massaged and taught the English alphabet and English words for apples, bananas, and other foods. Caregivers often see the time of massage as qualitatively different from other time that they spend with their children, "We understand each other during massage. During massage I keep talking. Maybe a lullaby or a poem. I teach him what he's supposed to do when going to temple; join hands, say, '*Radhe, radhe*'[61]. Also I teach him family terms. Only now he's started talking back! He's a very naughty student."

[61] Variant of Radha, the consort of Krisna.

In this statement we find embedded some of the most fundamental qualities of massage. Through massage, a baby learns the possibilities and limits of his own body. "When a baby is born he doesn't have many movements himself. We are giving him movements with his body." Massage teaches the child to be a certain type of physical being, the limits of what he can and can't do and, when the time has come, that testing those limits will be tolerated. And in at least some cases, through massage the child learns that he is a spiritual being.

PYAR HAI NA? LOVE, TOUCH, AND BRINGING UP BABY

The question, "Why do you massage your baby?" might be answered with details about the various benefits massage confers, but it is also likely to generate a different kind of statement: "*Pyar, hai na*?" (it's love, isn't it?). Massage is a way of loving your baby by doing what is best for him; in this case, helping him grow and protecting him from disease. This is not a universally claimed association; some caregivers reported that massage was "just work," one of many domestic chores to complete with too little time. Others found massage pleasurable if they had time to relax and enjoy it, for example, "It is a habit to massage a baby. It is only a tradition. Massage is an activity you have to fulfill. If you are in a happy mood then you will enjoy it. If the TV is on or music is playing and you're relaxed." Yet others reported that they enjoyed giving the massages, but didn't express any other personal feelings about it. Nevertheless, *pyar* came up, time and time again. The methodological question became, how does one delve more deeply into love? Of course Doonites love their babies, and love is such a common-sense

embodied emotion that it is somewhat resistant to casual conversation. I have never been very comfortable with questions like, "But what do you really mean by 'love'?" I remembered Margaret Trawick's (1990) exploration of love in a Tamil family (to which I will return), and her observation that love was ambiguous, and by nature and by right hidden. Those conclusions were drawn after years of fieldwork and prolonged intimate contact with her Tamil friends, an experience I could not hope to duplicate. My tack was to attempt to reach love less directly, through the intersubjective qualities of massage: "What do you experience when you massage your child?", "How does your child behave during the massage?", "Is there anything special about the time you spend with your child during massage?" And, taking Johnson & Johnson's lead, "I saw an ad in a magazine that talked about infant massage and they used the word '*sparsh*'. What does '*sparsh*' mean?"

Sparsh, Mother's Love, and Attachment

"*Sparsh* means touch only. It is a pure Hindi word[62]. It has a nice feel to it." Sparsh was almost universally defined as touch, although I did come across a small number of women, most of whom lived in villages and were very poor or otherwise little educated, who did not know the meaning of the word It is not a commonly used word in every day Hindi. To some, *sparsh* was just another word for touch. But to many, *sparsh* had more complex meanings. *Sparsh* is something that mother and baby share; "When

[62] The common language of North India is sometimes called Hindustani, a blend of Hindi and Urdu (the language spoken in Pakistan). The languages are closely related, but there are differences in vocabulary, grammar and style. For instance, any word with a "z" or "f" sound is Urdu in origin. Although there have been movements towards "Sanskritizing" Hindi, purging it of its Urdu elements in recent years, many Urdu words remain. My Hippocrene Practical Dictionary (1993) is very particular in only providing Hindi origin words as translations. The first translation it gives for "touch" is "*sparsh.*"

you massage, it's a different sort of satisfaction you get out of being a mother. I can't express it. I'm sure the baby feels it too." *Sparsh* is natural; "Sparsh is touching by fondness. A natural instinct. The main cause of not massaging is that the mother is lazy or does it sloppily. They were not massaged by their mother. It's a natural thing." *Sparsh* is essential; "*Sparsh* is essential. It's important for attachment to the baby. It happens automatically only when you become a mother. You experience it. I can't talk about it. I can't explain it. The nature takes its way." *Sparsh* is love; "No one taught me how to do it. Infant massage is natural for ladies. It is only love, there is no teacher."

Although women in Doon might not spontaneously use the word *sparsh* in casual conversation, once it was introduced as a topic of conversation the term became a vehicle with which to seamlessly blend discourses of love, touch, nature, and massage. The idea that *sparsh* also stands for this particular constellation in Johnson & Johnson's advertisements was noted by two mothers I interviewed, "*Sparsh* means touch. Mother's touch. Mother is more close to the baby. It's the same as Johnson's baby oil" and, "*Sparsh* means taking care with love. Johnson and Johnson are trying to get across that the product has the same loving care as the mother." These ladies were both from upper-middle class homes. Their awareness and recapitulation of the Johnson & Johnson message is evidence of the pervasiveness of these advertisements locally, and that the company has come to stand for much more than simply a particular type of oil, but rather a philosophy of child-rearing. Although other parents didn't mention Johnson & Johnson directly, it is clear that the popular developmental-psychology model of child care with which Johnson & Johnson promotes its products has been widely disseminated. General

references to parent-child bonding by my contacts were frequently identified as having been seen in some sort of print material: books and magazines.

Because of *sparsh*, massage creates a space for enhanced opportunity for communication between mother and child. "During massage, he stretches, moves, he's making direct eye contact with me. I know he's absorbing it." It is also made to stand for the relationship of the infant and mother; "The mother is spending time with the child. You are trying to establish a relationship with the child." *Sparsh* can only occur between two people who have a familial or loving relationship. As one mother told me,

> I enjoy massaging my son. Because I read this in the books but its very true also. Because of the massage the relationship between the mother and baby builds up. Babies that are massaged by maids don't have a good relationship with Mom. The baby starts to understand his mother with massage. *Sparsh* is touch. When you're touching something you're relating loving feelings.

In this context, massage done by an outsider is characterized as qualitatively different, "With massage there is only *sparsh* when it is done by someone in the family or someone you trust." That qualitative difference results from and reproduces the bond between the child and his mother. From these familial bonds, broader implications are traced. Accordingly, another informant offered,

> Sparsh means emotion. It's done with love. It means having a personal feeling for someone. You can tell from someone's touch how they feel about you personally. When massage is done by someone in the house it is with a different kind of devotion than when a servant is doing it. It will make a difference in the child's personality. His expression says it all. Every baby grows up to an individual. His behavior is determined by the care he gets. Massage shapes personality to quite an extent. Emotionally and the brain.

The relationship between family, attachment and touch described by my informants echoes classic psycho-analytic analyses of Indian families. Therein, children are attended to closely, held frequently, sleep in the parental bed, and are socialized to bond closely with their paternal aunts as well as their biological mothers within the traditional joint family. Such children grow up to be closely dependent on the joint family for not only support but identity, and will spend their adult years contributing to the joint family unit, regardless of any personal sacrifices they might have to make in the process of doing so. In Dehra Dun the relationship of modes of childrearing to personality type is usually framed through the comparison of joint and nuclear families and of India to the "West," for example,

> In a nuclear family kids are more independent. Babies without attention won't be emotionally attached to the family. She (her baby) won't grow up to be as independent as in the West. I've seen it shown in serials that Krisna was massaged. Kids in nuclear families have more confidence.

Thus, kids in joint families are more "attached" while those in nuclear families are "independent." It is widely thought in India, that with increasing development, migration, and urbanization, joint families are in decline and nuclear families are becoming more common. The disintegration of the traditional Indian family is one of the central metanarratives of Indian modernity. In the "new" nuclear Indian family, marriages are often "love matches" rather than arranged marriages, adult children selfishly pursue their own interests, disregard the wisdom and authority of their elders, and refuse to support their parents in their old age (see Cohen 1998 for a discussion of the "bad" family in relation to modernity and aging in India). Several of the families in and around Doon

whom I met were the product of such migrations. Most of the families I met had moved to Doon either from the surrounding hills and countryside to look for work in Doon's service economy, or had been recruited by hospitals, utility companies, banks, and other institutions to take up professional positions at their Doon business sites. In some cases they had moved to Doon to get away from difficult joint family households elsewhere. I visited many nuclear family, and extended family (husband, wife, their children, and his parent(s)) homes but fewer "traditional" joint families.

Reflections on the issue of changing Indian families ranged from contempt and derision, to outright celebration, but ambiguity and ambivalence were also frequently expressed. Many respondents seemed resigned to the inevitability of the process. There was a strong sense of a desire to raise their kids to be attached to the family, and to retain a close loving relationship throughout their lives. It was also desirable that children should also be pliable and obedient; "My mother-in-law says crying is important but my daughter never cried during massage. My mother says she'll grow up to be a very stubborn girl if she doesn't cry." Yet these desires existed simultaneously with the desire that their children be successful and able to cope with the demands of life in contemporary India. Very likely their children would need to go off into the world alone; both a good education, and the government or professional job that would hopefully result might demand the child leave his parents' home, perhaps even going abroad, sooner or later. "A child shouldn't be held all the time; they become too attached. They are spoiled. Indian children are like this. A child has to have the confidence to rely on himself. With this only he will be successful." Among working poor families the child might be encouraged to rely less on his mother for more immediate practical reasons,

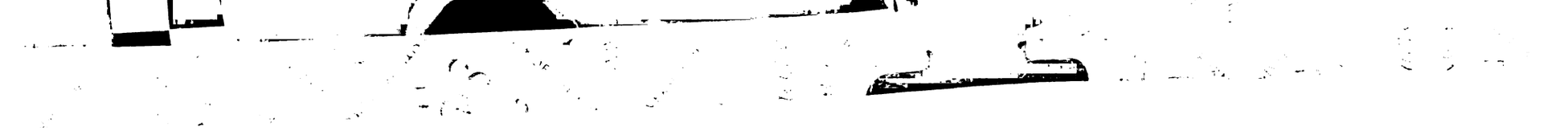
"I'm against people picking up children. All my kids, I haven't pampered them. I told my husband not to keep them in his lap. Kids get very used to it. It's like an addiction. They don't stand alone. It also hampers my work: my hands aren't free." *Sparsh*, love and massage bestow blessings that for some come with consequences.

Massage, Love and Discipline

Massaging an infant might only be seen as necessary work, one domestic task of many. Alternatively it is understood, even idealized, as "love." This love may take the form of a pragmatic functionalism; "I love my baby so I do what is good for him. Massage is good for him." The love might be more profoundly embedded in the act itself; the embodied expression of natural motherly love. But for all of the qualities of nurturing and care that infant massage evokes, it is certainly also a disciplining mechanism. Despite Veena Das's claims that during the massage and bath the mother "acts as if every movement in the bath stems from the desire of the baby, which he constantly communicates to her, rather than being imposed upon him...We see that in the simple act of having a bath, the child has learned that his mother's actions stem from his agency, that his body can be manipulated only with his permission" (Das 1989), I argue that regardless of how a mother may act, an infant has little to no agency in regards to massage. Very young infants are completely helpless, and while their cries certainly provoke a sympathetic response, "Enough, enough, child, why are you crying? Who has hurt you?" they have little effect on the physical interaction, especially when the masseuse is a *dai* or grandmother. Even a mother who massages her own child with a

gentle hand will rarely stop the massage when the infant seems distressed. She may shorten its duration, but it is expected that if the massage is gentle the child will come to like the massage, even anticipate it, and indeed very often they do.

The bodies and lives of infants and children in India are subject to a variety of disciplines; in some families the babies are swaddled so that their limbs don't flail out unexpectedly and frighten them. Infants and children are fed by their mother's hand, forcibly at times. This forced-feeding can happen sporadically even into their teens or adulthood. Children will be expected to show respect to their elders by touching their feet upon greeting. One of the most ingenious forms of bodily discipline occurs in toilet training. An Indian mother tends to spend a great deal of time in close contact with her baby and quickly learns to read the rhythms and signs of his body. From very early in life, sometimes even in the first month, she will start to train him to urinate on command. She does this by recognizing the times of day (for instance, after nursing) that he is likely to urinate. At that time she will remove his "nappy" if he wears one, and hold him overtop the potty or outdoors over the ground. She will then make the sound "ssss, ssss, ssss" until the baby urinates. She will repeat the process several times a day. The baby soon becomes conditioned to urinate upon hearing the "ssss, ssss" sound and will do so very reliably upon command. As long as the baby is encouraged and given the opportunity to urinate regularly, he will rarely have an accident. By the time the child begins to make recognizable sounds he will start to say, "ssss, ssss" or *sou-sou* to warn his mother that he feels the urge. I have met parents of babies as young as five months who consider their children to be fully toilet trained. The effectiveness of this form of discipline lies in its subtlety; the child never has the opportunity to learn he is being



manipulated. The battle of wills waged by North American women in the course of toilet training their toddlers is as inconceivable as it is unnecessary in India.

Like massage, other expressions of love are not always gentle. Trawick (1990) reported that children in Tamil families were sometimes deliberately ignored, frightened, beaten, pinched and teased. This behavior was explained to her as the expression of a kind of love. Trawick described how children were spurned or mistreated to train them to be tough. Love was seen as both powerful and dangerous, and so the most beloved children might be treated the most poorly. There was substantial fear that the evil eye (known as *kan drishti* in Tamil, *nazar* in Hindi) would result from overt expressions of love, particularly a loving gaze. A mother's love was the most powerful form of love, and therefore her loving gaze the most dangerous. Although life in Tamil Nadu certainly differs from life in Dehra Dun, the families I knew in Doon did on occasion treat their children in ways similar to Trawick's family; babies were pinched, children were teased, sometimes into crying, and elder siblings torturously expressed their love for the infant sisters and brother by kissing them on the face with increasing force and aggression. This was generally ignored by the adults in the area until the baby's frightened and frustrated crying reached a volume that disturbed their conversations or thoughts. Parents of all classes expressed concerns about *nazar*, which was often attracted by an infant that garnered attention and admiration. Evil thoughts could lead to the evil eye, but loving or admiring ones could do so as well, and infants' illnesses were frequently blamed on *nazar*. In a sense, the universe is seen to have a tendency to balance itself out, and too much positive attention will be expected to eventually trigger negative feedback. Concerns about *nazar* last beyond infancy; sometimes when I would show up at a

friend's house wearing a new *salwar kameez* she would greet me with "New pinch!" leaving me with a bruised arm and a sort of pre-emptive protection from expected admiration or compliments. For infants, black thread might be ties around a wrist (the color black deflects harmful energies) or dots of *kajal* (lamp black) marked on the face to "blemish" them. Babies, even the most angelic, quietly sleeping newborns, were regularly referred to as "naughty." However, these attitudes were neither universal nor consistently applied; the same child that might be teased one minute will be showered with attention the next, and in contrast to the mother who rubbed mustard oil into her red-headed child's hair twice a day, hoping desperately to darken it so people would stop looking at him, there was the mother who bragged about her daughter's fair skin and green eyes, and proudly displayed her every chance she had. It stands, therefore, that while a gentle massage might appear to enact a certain type of care, a powerful massage that appears tortuous to the observer may be every bit as much about expressing love for a child.

My point is neither to engage in psychoanalytic models of child development[63] nor to imply that discipline is somehow independent of, or in conflict with, love. In many ways young children (particularly boys and particularly in middle class families) are treated with a great deal of indulgence. It is the ambiguity embedded in love and discipline that make so many different readings of massage possible and its perceived effects so profound. Rather, discipline is love; it stands for trust and communication. Disciplinary acts represent the intimacy of one's relationship to the child and demonstrate that intimacy to the world. The relationship of discipline to love became apparent to me through my relationship of my landlady's four year-old-daughter Malvika. Over the

[63] For psycho-analytic treatments of childhood in India see Kakar, Sudhir 1981.

Figure 18: Malvika and I on her Fourth Birthday

thirteen months my husband and I rented a flat in their guest house, we became increasingly close with our landlord and landlady Jayant and Renee and their two children, and we especially adored Malvika. Running a guest house that catered to foreigners had led my landlady to adopt a protective attitude towards her daughter's relationship with these transient visitors. Malvika was forbidden to hug or kiss the "guests" and was instructed to always call them by their first names, rather than the kin terms that are usually assigned to visitors in Indian homes, auntie, uncle, *didi* (big sister) and so on. Indian guests might be given fictive kin terms, but the prohibition against physical contact remained in force. As one might expect, as the months went by and any suspicions Rinnie may have held dissipated, these restrictions were relaxed. I took care of Malvika when my landlady was busy, held her, helped her with "potty" and sometimes fed her by hand. If she was in a particularly stubborn mood, I was sometimes more successful at getting her to eat than her mother, although I could never bring myself to force the food in her mouth when she overtly resisted.

We came home one night to find the house full of guests: "old friends" of both types, some elderly, some of long standing, many both. As usual we joined the party. Rinnie had her hands full and so asked me to feed Malvika, which I proceeded to do. This act probably provoked more commentary and approval than any single other thing I did while in India. Certainly the sight of me chasing a young child around the house with *chapatti* (flat bread) in hand, occasionally stuffing a bite into her mouth, must have been amusing. This is not what one would perhaps expect to see a foreigner doing in that setting. But these guests knew well both our hosts' preferences in regards to their children as well as Malvika's own contact-phobia. She would not submit to even the very

normal and expected embraces of close family friends. My act of discipline was only partly successful in getting the child to eat, but it was entirely successful in demonstrating the trust that both Malvika and her mother placed in me. I was almost always treated well in Doon, but on that night I was repeatedly approached and praised and treated with great affection by those many total strangers. My act of *sparsh*, or something like it, was immediately recognized, and through it, I too was recognized, transformed, and loved a little in return.

TALES FROM MEHUWALA *GAON* (VILLAGE): WHO IS AND ISN'T MASSAGED

Throughout my time in Dehra Dun one of my original goals remained elusive; to locate a community wherein a number of families admitted to NOT massaging their children. From the available literature I expected to see as few as 60% or as many as 90% of infants massaged. Instead, almost everyone I met insisted that they massaged their babies regularly, and usually daily. Whenever I was referred to a neighbor, servant, or village where an acquaintance thought baby massage might be overlooked, my investigations inevitably led to the response, "Are you mad? Of course we massage our baby(ies)!" Even given the possibility that people occasionally exaggerated the frequency with which they massaged, it must be noted that the normalcy of daily massage was assumed; suggesting that someone didn't massage meant you were implying that they were neglecting their infant.

It was clear that within households where babies were massaged regularly, circumstances might occasionally interfere with normal routines. Babies might be

massaged if they were ill with a cold, but never when they had a fever. Premature or sickly babies are usually not massaged; "The doctor says that because she's weak, don't massage her too much or she'll get a cold." Excessive housework, houseguests, and unexpected visitors might interfere with daily routines to the extent that massage is overlooked. But even in these cases mothers expressed guilt at neglecting to give massage and related efforts to get at least some massage to the baby every day, even if for only a few minutes or at night before bed. My expectations that gender and birth-order might be important factors in determining which babies do and don't receive massage were confirmed by Dineshwari, a young mother in Suman Nagar *Gaon*, a village near my home, "My father-in-law doesn't allow her (one-month-old daughter) to be massaged every day. It's a family thing. I'm the youngest daughter-in-law; she's the youngest grandchild. He's not keen on her being massaged or looked after as well as the other grandchildren. I still do it but he doesn't encourage it."

The preference for male children in India is well-known. This is partly the result of inherent differences in values placed on males and females, but more the result of the economic burden of daughters. Sons (so tradition has it) stay with the natal family, marrying and bringing grandchildren into his parents' house to live, and to respect and care for them for all their days. A daughter will marry out to live with her new husband's family. Not only will she not care for her parents in their old age, but the cost of the dowry for her wedding will possibly put them into a debt from which it will take years to recover. Having several daughters or granddaughters in a household can pose a crippling financial burden.

In the urban and most of the semi-rural areas of Dehra Dun I visited, people vehemently denied treating their girl children any differently than their boys. "It's not like other parts of India" they said. "Here we love both our girls and our boys." There was both acceptance of the reality that gender differences in treatment and survival of children was a serious problem in their country, and awareness that the outside world was highly critical of this. People didn't want me to get the wrong idea; India wasn't really all like "that." Massage was also equally important for boys and girls and should be equally applied. Nonetheless, in some cases there seemed to be indirect means of showing favoritism, based on the perceived personality traits of the child, "First I prayed for a boy, then for a girl. Boys are very important. They'll kick you like anything but they're very important. Daughters are very lovable. I want to massage my daughter regularly, but my son is such a hyperactive child. It was a little more regular with my first child because I had more time." Likewise the different physical needs of boys and girls led to some girls getting less massage, "You only massage girls for about 8 months, but you massage boys longer. I was told by a neighbor that massage makes the bones very strong. For a boy you want very strong bones but a girl's bones and body should be soft." I have to stress that these cases were in the minority; to most, the consequences of not massaging *any* baby appropriately were unacceptable; "I had a friend who lived upstairs whose kids were the same age as hers. She didn't massage. The baby didn't walk until 15 months old. He had a lot of difficulty." I have been told versions of this story many times, with children being represented as old as four years upon taking their first steps. However, despite my informants' concerns that I might get the wrong idea about gender issues in the Doon area, I could not help but notice that these types of circumstances (personality, physical

needs, etc.) were never called upon as justification for preferential treatment of girls, because such a case of preferential massage treatment of a female child did not arise.

At the beginning of my last month in Dehra Dun, a nurse I had met at the regional health office suggested I might visit a nearby village where, she assured me, some families did not massage their babies. Willing to give it one more try, Kavita, my research assistant, and I accompanied her by bus and *vikram* (a three-wheeled vehicle that seats a driver and six or more passengers) to Mehuwala *Gaon*. Mehuwala is characterized by many of the structural elements common in village India. For example, its residential *gullies* (lanes) were divided by caste and region of origin of their inhabitants. While maintaining some traditional structural elements, Mehuwala was nonetheless a village of migrants, many of whom had moved there in order to be close to Dehra Dun for work but couldn't afford residence in the town itself. There are additional temporary residents; mostly Muslim families who come from the plains region that lies between Dehra Dun and Delhi. These families live in Mehuwala for eight months of the year while doing backbreaking labor in local brickyards. Bricks can't be made during the monsoon and so for the other four months of the year they return to their plains towns and villages and pick up whatever temporary work they can. The Mehuwala region used to be famous for its Basmati rice production; some farming families do remain, growing rice and some vegetable crops, but fewer every year as the region is increasingly urbanized.

Because I arrived in Mehuwala near the end of my research tenure and because it took nearly two hours to travel there from my home, I was only able to visit the village six times. During those visits I saw something very different from what I had seen in the urban center and its closer affiliated villages. In Mehuwala, while most people massaged

their babies, several of them didn't. Those who didn't were very open about the fact. The reasons they gave were largely pragmatic; too much domestic work left insufficient time to do massage. In houses with larger numbers of children, babies born later in the birth order were more likely to be denied massage, especially if they were girls. Boys were clearly given favored treatment in regards to massage. Young mothers with only one child were most likely to lavish their child with attention and massage regardless of whether they lived in a nuclear, joint or extended family and regardless of class. Women who had to work to contribute economically to the household were less likely to massage. The village is comprised of both Hindus and Muslims. Most, but not all Hindus appeared to massage their children. Fewer Muslims massaged their infants. While the Muslim families I knew in Dehra Dun all massaged their infants, one mother in Mehuwala explained to me that massage was a Hindu practice, and not part of her tradition. Yet another Muslim woman working in the brickyards saw massage as more of a luxury and a locality-specific rather than religion-specific practice,

> In Meerut (her home town) everyone massages irrespective of religion. I never paid attention to it. I don't have the time. I work from 5 am to 6 pm every day. If you're poor there's no way. My husband says to do the massage, but I never got the time. In my family and in my neighborhood no one massages the babies. If my mother-in-law was alive she wouldn't massage. If she was alive she would have done the same work as us. I came back to work 1 ½ months after having my baby. Massage makes no difference. I have five kids and none have been massaged.

There is considerable economic disparity in Mehuwala. On the whole, Muslim families seemed to be poorer than Hindu families, to have larger numbers of children, and to live in less hygienic conditions. The district nurses reported that the local Muslim

families tended to distrust the government health services and refused to have their babies vaccinated. As a result, she said, their babies were weaker and didn't survive as often the other infants of the village. Although I did not aggressively investigate the issue of caste in my research, my interviews and observations in Mehuwala as well as in Dehra Dun and its other affiliated village do not indicate that there is any difference in the frequency or specifics of infant massage practice between different caste groups. There was also a stronger overall sense of favoritism for male children in Mehuwala than I had seen in the other regions in and around Doon. As one father told me, "We want to educate our son. If I educate my daughter who is going to marry her?" This question is as much about practicality as it is about favoritism. Sunita, our vivacious guide in Mehuwala, was the first girl from the village ever to get a college education. As a result, her family was having a very difficult time finding a husband for her. None of the local families wanted to bring a daughter-in-law who might bring too many of her own ideas into their household. Sunita was very concerned she would have to be married so far away that she would rarely get to see her parents.

The residents of Doon and its nearby villages learn about infant massage and its benefits from a variety of sources; elder women, physicians, and the media. Almost every person I interviewed: rich or poor, urban or rural, had seen either some type of informational program on infant care that included massage or advertisements for baby oil on television. Many of the urban, literate and/or middle class women had also read something about infant massage in a book or magazine, and many also referred to writings about child development when they explained their ideas about the relationship of massage and mother's touch or *sparsh* to me. Three women voluntarily produced

magazines which included articles or informative advertisements about infant massage, and one showed me the book (the example described in Chapter 1) she was given on infant massage. This mother had also hung the Johnson & Johnson poster from Femina described in the same chapter hanging on the family's bedroom wall. These non-traditional sources of information were not only widely available, they were widely viewed, processed, and remembered.

If Doonites are increasingly looking beyond the boundaries of family for authoritative discourse about infant massage and child care, they are doing so with a substantial degree of ambivalence. Ambivalence permeates Doonites' narratives about family, tradition, colonialism, attachment and independence; the tensions between "traditional" and "modern" life are embedded in all aspects of daily existence. While "new" things and ideas are appealing, I was cautioned, "You have to choose the balance between the traditional and the modern. There are reasons for everything." Manufacturers such as Johnson & Johnson (and Dabur and Shalaks and many others) design their advertising around themes that provide the opportunity for different readings of "modernity" and "tradition." As a result, babies are grown through massage, to be particular types of bodies (healthy and attractive), subjects (attached or independent), and citizens (educated, successful and influential consumers). In massage, specific articulations of strength and/or gentleness, adoration and/or discipline, and intentional instruction and/or simple enactment of domestic responsibility, allow for the possibility of building many different bodies/subjects/citizens. Specific qualities, including ambiguity and ambivalence, are massaged into babies.

I was often admonished for choosing to locate my study in Dehra Dun instead of some more out-of-the way locale, "You shouldn't have come to Dehra Dun for this work. We are very far from the traditions in Dehra Dun. It's too metropolitan here." Things were seen to have changed too much from the "pure" Indian ways. This provocation leads in the next chapter, to a discussion of changes that are perceived to have occurred in infant massage practice in Doon, the ways that the practices of *dais* have and have not been affected, and an examination of local conceptualizations of massage, change and modernity.

CHAPTER 6

"IN HER TIME..." NARRATIVES OF CHANGE AND THE CHANGING ROLE OF *DAIS* IN MASSAGE

CHANGES IN INFANT MASSAGE

No tradition is ever static or timeless, but nonetheless tradition is often talked about as if it were. As much as infant massage is a tradition in India, it is also dynamic; even over the short term it varies from season to season, from one locale to another, and from body to body. There is no doubt that substantial changes are occurring over time; commercially prepared baby oils have only been available in India for about thirty years, and clinical research that refers to "infant massage" specifically has only emerged in the last fifteen or so years. That these represent empirical markers of change isn't in dispute; what is, is what came "before." I asked the people I interviewed to cast back in time, soliciting narratives of change and continuity in infant massage in terms of frequency, oils and techniques.

Frequency/Popularity of Infant Massage

The narratives that follow tell more than the story of changes in massage witnessed in a lifetime; they evoke broader themes about life, family, the media, and social transformation. Thus, each of these narratives is a narrative of modernity, and in some cases of nationalism. Each embodies different realities and values reflecting the

personal history of the speaker as well as their conscious positioning of themselves in society and the world. I routinely asked people I interviewed if there had been any changes in the ways babies were massaged during their lifetimes (rather than refer specifically to a time period such as twenty years, specific events, etc.), intentionally attempting to keep open some possibilities for framing the passage of time.

Among the women I met, it was generally recognized that many families had switched to commercially prepared baby oils, such as Johnson & Johnson's and *Lal Tail* from mustard oil which had previously been almost universally used in the Doon area. Although women sometimes lamented that the quality of massage given had decreased over time, there was general agreement that the basic techniques had remained the same. What was not generally agreed on was the question of whether babies are now massaged with greater or lesser frequency than previously. A number of women were very adamant that, in fact, infants were massaged just as often as they had always been, but many others, mothers and grandmothers alike, spoke of changes they knew to have occurred, changes they linked to differences in living conditions, family structure, responsibilities, and priorities. I have grouped these narratives into three types, within each of which several themes are expressed which relate to the positionality and experiences of these women.

Narrative One, Lost Eden: Why Don't People Massage their Babies the Way They Used To?

I often heard from women of both generations (mothers and grandmothers) that babies don't get as much or as effective massage now as they did in the last one or two

generations. Some focused on loss of massage skills, over time. For example, a mother claimed, "We used to do it better. We don't know how to massage it properly." This was something I heard regularly, particularly from women in urban parts of Doon, but also in some villages and from women from a variety of socio-economic backgrounds. Sometimes people clearly linked these changes to the increasingly common nuclear family structure and the resulting disruption of traditional pathways of distribution of knowledge. At one point a grandmother told me, "It's more difficult in a nuclear family. The mother doesn't have the experience to do it properly." Others regretted the loss of sharing household duties that can be advantageous to a young mother. Likewise, a mother in town said, "In earlier times a lot of importance was given to childbirth and babies and mothers were both massaged for two months. In joint families the work load didn't fall on just one person. Now that we are nucleated we rely on ourselves. We can't afford to spend forty to fifty days lying in bed after childbirth." Another mother living in a nearby village made a similar statement, "Earlier in joint families a baby could get six to seven massages a day. Now the baby is lucky to get it once a day. It's more difficult." The narratives of these mothers evoke feelings of wistfulness for lost times; times that in fact they may not themselves have experienced. When the members of the grandmothers' generation spoke on the same subject they told similar stories, but their tone was more critical. For instance, "In a joint family the eldest person--*nani*, *dadi*--made sure the baby had a massage. It was their responsibility and duty. Now no one is around. Babies get hardly any massage, they just apply the oil and use hardly any pressure." In the time-honored tradition of expressing dissatisfaction with the next generation, another grandmother complained,

> In my time, people used to massage more. Now women have become more fashion conscious and lazy. In my time we used mustard oil and my six kids came out fine! I used to do what my mother-in-law told me. Now they do whatever they like and don't listen anymore. These days people think baby massage is an old idea. They want to do what they see on TV. People are very influenced by what they see on TV. In my time we used to give massage three times a day but now it's less. The newer generation believes that keeping their kids clean and giving proper nutrition is more important than massage. We used to think it was very important (S., 50, grandmother).

The most common theme in the Lost Eden narrative was that the loss of massage signified the lost family. Popular discourse in India is rich with lamentations over the decline of the joint family[64], and anthropologists have chronicled and questioned this trend (Freed and Freed 1982). In regards to baby massage, the loss of the joint family is doubly threatening; not only does the absence of aunties and grandmother mean that there are fewer hands and less time to give babies massages, there is a disruption in this vital pathway for transmission of knowledge, meaning that mothers no longer have someone at hand to teach them how to properly massage their children. More than this, they have no one to convey to them the value of infant massage, so it becomes increasingly less prioritized; this decrease in priority has implications for a loss of a broader sense of values as well, and is further compounded by the influence of the media. Young mothers are more likely to imitate what they see on TV; they want to be modern (fashion-conscious and lazy) and are less interested in "old ideas" like infant massage.

These observations are similar to some detailed in Cohen's No Aging in India (1998); in both narratives about the "bad" family are being constructed. In Cohen's work, the "bad" family did not take proper care of its elderly. Here, they do not take proper care

[64] A "traditional" joint family in Doon would consist of a married couple, their children, and if their sons were married, their sons wives and children (and possibly their sons' son's wives and their children). Married daughters reside at the home of their husband's parents.

of their infants. The conditions of modern life are thus framed as threatening to Indian values, practices and bodies.

Narrative Two, Progress: We Couldn't Before, Now We Can

In direct contrast with those women who lamented the decline in frequency and/or quality of infant massage during their lifetimes, many other women reported that infant massage was in fact becoming more common over time. This increase was often attributed to greater leisure time available and was generally the experience of women who had moved from remote areas into town or who lived in a village that had been urbanized or modernized with installation of water and power sources, particularly in Mehuwala *gaon* (village). These women credited urbanization with making more infant massage possible by providing them with more leisure time; "Earlier women had less time for massage. We used to have more babies. Now women have two or three. Now we have gas and water in the house. We used to have to fetch wood for cooking." The mother of a newborn in Mehuwala told me,

> The younger generation likes to try out newer things. In her time (gestures towards her landlady), it was not very regular, so you did it when you had the time. Now people give much more attention to their babies. We are having fewer babies and have more time. In the village we used to have to fetch water and kept animals at home. We also don't grow vegetables anymore.

Additionally, massage may be said to have become more frequent because of exposure to new sources of knowledge. "Babies are getting more massage than they used to. Service class[65] people prioritize the fact that the baby gets more attention. This is

[65] In this context, "service class" was used to refer to wage-earning in some form of business in contrast to agricultural labor. In India "service" is often used differently, to refer to middle-class civil service.

because everyone is getting a decent education. They know cleanliness is very important." Education was specifically cited by several women in Mehuwala *gaon* as the source of knowledge about child care by women from both generations, "I didn't massage my children. Now people say it's good. This is common in the village. Now people have started learning that its very healthy. Doctors also nowadays tell you what to do. Nowadays people are educated." Education itself clearly signified more than book learning. Rather, being educated meant having exposure to ideas from the outside (outside the home, outside the village, and outside the country). "We are doing it more now. We didn't know about it before. We see it in on TV." New sources of information, non-traditional sources, are thereby credited with increasing infant massage.

These narratives, whether focusing on increased service or improvements in education are essentially narratives of upward mobility. Improvements in living conditions, educational opportunities and identification with the "service class" represented a better way of life for these women. My observations were that narrative was characteristic of women who did not work and those whose husbands were in the service sector; those whose families engaged in agricultural activities or who themselves needed to work have not found that societal change has eased their burden. In the National Neonatology Forum's 1991 National Workshop on Traditional Practices of Neonatal Care in India, (a quantitative study of neonatal care practices) claimed that oil massage was given to 96% of newborns in rural areas and 76% in urban areas. This project sought to survey traditional practices throughout India and categorize them as being either beneficial, harmful, or neutral. "The practice of baby massage is also universal and traditional (custom, elder's advice). Baby massage, if frequently done by

Figure 19. Three Generations in Mehuwala *Gaon*.

Figure 19. Three Generations in Mobuwala Ozaon

the mother herself, can promote mother-infant bonding, and oil massage may provide some warmth and nutrition to preterm newborns. We consider it a beneficial traditional practice if done by the mother" (1991:86).

The numbers the Neonatology Forum present suggest that infant massage is a "traditional" practice that is being preserved in the villages but somewhat lost in the cities. The recommendations that the mother herself massage her baby deny the reality that part of the reason infants might be massaged more in some villages is that other female family members are available to perform the massage; my conversations with doctors in Doon lead me to wonder if these recommendations might be intended more to discourage *dais* or other servants from being given access to the infant for the purposes of massage. In a UNICEF-funded study in a rural district near Dehra Dun, 64% of mothers reported massaging their infants (IASDS 2001). It is difficult to compare the two studies; newborns generally are more likely to be massaged than older infants. The entire category of "rural" becomes complicated when one considers the differences between remote agricultural villages and newly urbanized villages adjacent to urban centers, and in the Doon area it is sometimes difficult to distinguish between what is a "rural" or "urban" area; the town is adjacent to numerous semi-autonomous villages whose geographies and economies are in whole or in part contiguous with Dehra Dun. Mehuwala *gaon*, for example, is populated by both rice farmers and service sector families whose income is earned in Doon proper, and some families engage in both occupations. In the Doon area it has been suggested to me that urbanization does positively impact the frequency of massage, at least in some homes. This "urban"

sensibility is however, very different from the type of urban-ness that the authors of the workshop envision.

In this urbanizing progress narrative there are two overarching themes. One is that urbanization has led to smaller families (through later marriages for women, emphasis on education, and smaller families due to less pressure from in-laws because of fewer joint families, and a desire to be a "modern family" and because they have more leisure time). The second theme is that new sources of information brings access to useful positive knowledge. Access to physicians, television and education have led to an increased priority on childcare. This view is in stark contrast to the critical view of the influence of the media in the Lost Eden narratives. There is also a clear disagreement with the Lost Eden narrative on the promotion of "cleanliness"; in the Progress narrative being taught about cleanliness is seen as an advancement, an improvement consistent with a general improvement in living conditions rather than something that challenges an existing value system, and where hygiene is seen as threatening and displacing. It is also important to note that both the Lost Eden and the Progress narratives share some common traits. One is the tendency for women to talk about the differences they see in terms of "then" and "now," which are distinctly generalized and consistent regardless of the age of the speaker. When I framed my question as "in your lifetime," I expected people to frame their responses in terms of comparing their own childhood experiences directly to their experiences as mother or grandmother, or perhaps chronologically, in terms of change over a certain number of years. Instead, despite differences in the specifics they felt had occurred, women almost never spoke in terms of specific individual experiences, specific time frames or events, but rather as generalized change occurring between "then" and

"now." "Now", we are "educated." "Now," we are "nucleated." "Now," we are "urbanized." "Now," we "see it on TV." In the distance between then and now, profound social and economic transformations have occurred; many are clearly related directly to migration and the media. For better or for worse, qualitative shifts have occurred; ruptures which Appadurai (1996) tells us, are constitutive features of modern subjectivity.

Narrative Three, Revival: We Used To, Then We Stopped, Now It's Back

Dr. Verma is a female Ob/Gyn with a small private clinic/ birthing hospital in Jakhan, a village which is now part of the larger metropolitan area of Dehra Dun. She is very much in favor of infant massage and offered the observation that "A few years ago it was disappearing. People thought it was useless. It was always done in the villages, but in the cities it was disappearing with ladies working. But now they understand it's for the betterment of growth, circulation, the child sleeps more, grows better and his digestion improves." She relates that as recently as ten years ago, you used to see people not in favor of it, but about 8 years ago that began to change. She attributes much of the revived interest in infant massage to attempts by American and international pharmaceutical groups to obtain patent rights on traditional Indian pharmaceutical herbals such as *neem* and tumeric. Reaction against these incursions has in her mind led to revived interest in many Ayurvedic and traditional products and practices. To Dr. Verma, infant massage is among other things, an expression of nationalism and stands in defiance of global economic interests.

I did not meet anyone else, professional or non-professional, who shared Dr. Verma's observations about the abandonment and subsequent revival of infant massage in the towns, and in some ways her opinion might be seen as simply an outlier in regards to perceptions of infant massage trends. However, her framing of a perceived increase in the popularity of infant massage (which was shared by others) as a revival, resonates with much larger popular and academic discourse about a general rejuvenation of Ayurvedic and traditional practices (Leslie 1998; Cohen1995; Brass1972; Langford 2002). I frequently heard or participated in conversations on this subject: the renewed interest and focus on "*desi*" (native) products, especially among the upper-middle class. This Ayurveda is not the Ayurveda of the local village practitioner, but the large scale commercial distribution of products, upscale Ayurvedic medical clinics and cross-training of allopathic physicians in Ayurvedic techniques. It is a modern, scientifically legitimate Ayurveda, an Ayurveda that stands for the nation, and one in which no small amount of pride is taken among those with the luxury to pursue this interest and with the type of social/political self-awareness that makes this a meaningful pursuit. It is in part because of the desire for a modern transformation of traditional things through scientific endeavor, and the resonance of this desire with larger concerns of nation-building in modern India that my research was looked upon with such interest by the middle and upper-middle class of Dehra Dun.

Oils as Markers of Changes in Infant Massage

Regardless of an individual's opinion of what changes in infant massage might mean, or even if changes have occurred at all, there was general agreement that commercially prepared baby oils are replacing traditional oils for baby massage in many homes. Traditional oils were identified as mustard oil, ghee, coconut oil and sesame oil. The most common "traditional" oil is mustard oil (*sarso ka tail*) which may be used as is or after adding spices such as *meethi* (coriander) *ajwain* (no equivalent), or *lassan* (garlic) and heated. The less-refined mustard oil found in villages and poorer homes is viscous and pungent. When spices were added to the oil, the massaged babies seemed to me literally good enough to eat. All mustard oil is generally a deep yellow color. It is the particular qualities of mustard oil that make it so desirable as a massage oil; it is strong, heating and very good for strengthening the bones. It is these same qualities, however, that may make it disagreeable; its strong smell, for instance, or the belief that it will make the baby's skin darker because of its own deep color. In homes where mustard oil isn't used as a massage oil, it still may be used on the baby's hair to help it grow in thick and dark, and it is also used as a hair oil by adults. Among families who reported switching oils during their experiences with child rearing, all possible combinations and permutations of shifts were represented. Many had to do with perceived seasonal differences in needs for oils. Occasionally people who had started using Johnson & Johnson or *Lal Tail* had switched back to mustard oil, usually because of cost, because the baby had a bad reaction to the oil, or because the oil (usually Johnson and Johnson) was felt not to have done the infant any good. But for those whose overall preference had

shifted, the direction was most commonly away from mustard oil and towards Johnson & Johnson, *Lal Tail*, olive oil, etc. When caregivers acknowledged that they had switched from mustard oil to a commercially prepared oil, or that they used one of these oils despite their belief that mustard oil was the best oil for baby massage, it was usually for one of two reasons; they had been convinced by various social forces (doctor, the media, their neighbors) to do so, or they do so out of fear of impurities in the mustard oil.

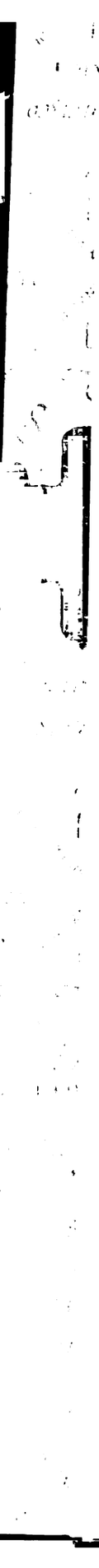
Mustard oil is commonly recognized as being the "original" oil for infant massage in the Dehra Dun area, it is also widely felt that its use in the current moment is potentially dangerous. I heard the same concern time and time again, "Earlier more pure things were available. People used to make it at home--they made mustard oil." According to many of my contacts, mustard oil was once either made in the home, or bought from a local mill where the standards of its manufacture could be known. Now it is manufactured at some unknown location and shipped to the marketplace. As discussed earlier, several years ago there was a serious case of mustard oil contamination where several people died after consuming food prepared with mustard contaminated with toxic substances. Issues of contamination have been a very real issue for Indians and periodically some adulteration scandal will break out. Aside from the very real public-health nightmares resulting from contaminated food products in India (and the political and economic trajectories within which these events occur), the prevalence of concerns about spiritual purity embedded in Hindu culture seem to lend additional mythic power to fears of contamination. As I will discuss later in this chapter, ideas of spiritual purity and contamination are also very relevant to the birthing and massage practices of *dais*. It

Figure 20. Mustard Plants Drying Outside Home in Purkal *Gaon*. The seeds will be used only for cooking, not for oil.

should also be noted that in many houses where mustard oil had been abandoned as a massage oil because of fears of its purity, it was still being used as a daily cooking oil.

Johnson & Johnson and *Lal Tail*, the two most popular commercially prepared baby oils in Dehra Dun, signified similar respects in some cases and very different ones in others. Both were in fact referred to as "modern" on various occasions; both were commercially prepared, ready-made, heavily advertised specialty items. Consumer culture in and of itself is alternately heralded and bemoaned as a signpost of modernity in India (see Mazerella 2003; Breckenridge 1995). Johnson & Johnson products are doubly "modern"; of foreign origin (if of an Indian subsidiary), tied up with images of transnationality and global society, and approved by biomedical science, both in meeting its standards of hygienic purity and by reference to clinical studies. *Lal Tail* is understood alternately as modern (commercial) or traditional, and sometimes both. Despite the fact that *Lal Tail* and Johnson & Johnson's products had been on the market for about the same amount of time, Johnson & Johnson was always referred to as "new"; *Lal Tail* was as well, but it was even more likely to be described as "traditional," "passed down from the generations," and "time tested." *Lal Tail* was universally praised by its users because it was Ayurvedic. Clearly, Ayurveda itself has come to stand for certain types of goodness, for timelessness, and for a certain type of power. Not once was I told (by anyone other than the Dabur representative) that its Ayurvedic nature lay in its derivation from the prescriptions of classic Ayurvedic texts. Nor was I told that it acted a certain way on the humors or that the specific ingredients in *Lal Tail* acted in specific ways on the infant body. Nor did it seem noteworthy to anyone but me that an Ayurvedic product should be sought out for use in a non-Ayurvedic practice. The value of Ayurveda for *Lal*

Figure 21. Doubly Protected. Protected by Johnson & Johnson, and by metal blade, upper-right corner of cot (knife protects from supernatural dangers).



Tail lay in both its essential nature and its less tangible qualities, and the way that Ayurveda has come to stand for health, science, culture and nation in contemporary India.

Techniques as Markers of Changes in Infant Massage

In terms of the mechanics of the massage, there was little inter-generational conflict with one exception: the amount of pressure to be applied. All the younger mothers I interviewed, motivated by doctors' advice, media messages, and their own desires not to see the babies cry, gave only firm but gentle massages. Although some did acknowledge that a more vigorous massage was better for the development of the infant, they generally preferred that when the massage was being given by a *dai* or grandmother that it also be gentle. Some grandmothers agreed, and said that this firm but gentle massage is the type of massage that had always been given in their experience. But some other grandmothers, and the majority of *dais* I spoke to, disagreed. They spoke of the importance of massage for imparting strength to the infant; the stronger the massage, the stronger the bones and indeed the whole body will grow. *Dais* (who often act as post-natal mother and child care experts and are hired to massage both the mother and infant for a period of two weeks to a month after birth) often spoke of their frustration in being forbidden by their clients from performing the type of massage they felt was necessary. The *dais* said that the massages that doctors recommended, and that most young mothers preferred, were "useless."

Directions for massage in every medical and media source I encountered in India, including Dabur, called for a firm but gentle massage. For example, Johnson & Johnson suggest we, "Use gentle strokes along length of back and proceed to soles of feet." Dabur says to give the massage by, "Holding the foot in one hand, gently squeeze the leg from thigh to ankle with the other. Repeat three times on each leg, then repeat the same exercise for hands, squeeze gently from shoulders to wrist." Shalaks literature states, "...repeat each stroke gently and rhythmically all over the body, avoiding the face. Most experts recommend a gentle massage with a steady kneading action." Of course it is impossible to state with any degree of certainty that this recommendation represents a shift from an "early" vigorous massage to a "recent" gentle massage. The suggestion that massage may be becoming more gentle over is supported somewhat by generational differences in attitudes towards massage pressures. Proponents of vigorous massage were generally in their fifties and older, and while many other women of that age group supported gentle massage, women of childbearing age were very much more in favor of gentle massage. Langford (2002) referencing Zimmerman (1992) tells of how consumers of Ayurveda in North America and Europe tend to associate it with gentle procedures, when in fact the purgative and emetic practices in Ayurveda can be rather violent. Because massage therapies in North America and Europe are seen as relaxation therapies, treatment at Ayurvedic centers (in some cases) has come to resemble the physical therapies of health spas. Current discourse about "proper" infant massage seems to mirror this preference.

Not surprisingly, most of the women who were supportive of more vigorous massage also preferred to use mustard oil or *Lal Tail*. Women who preferred a gentler

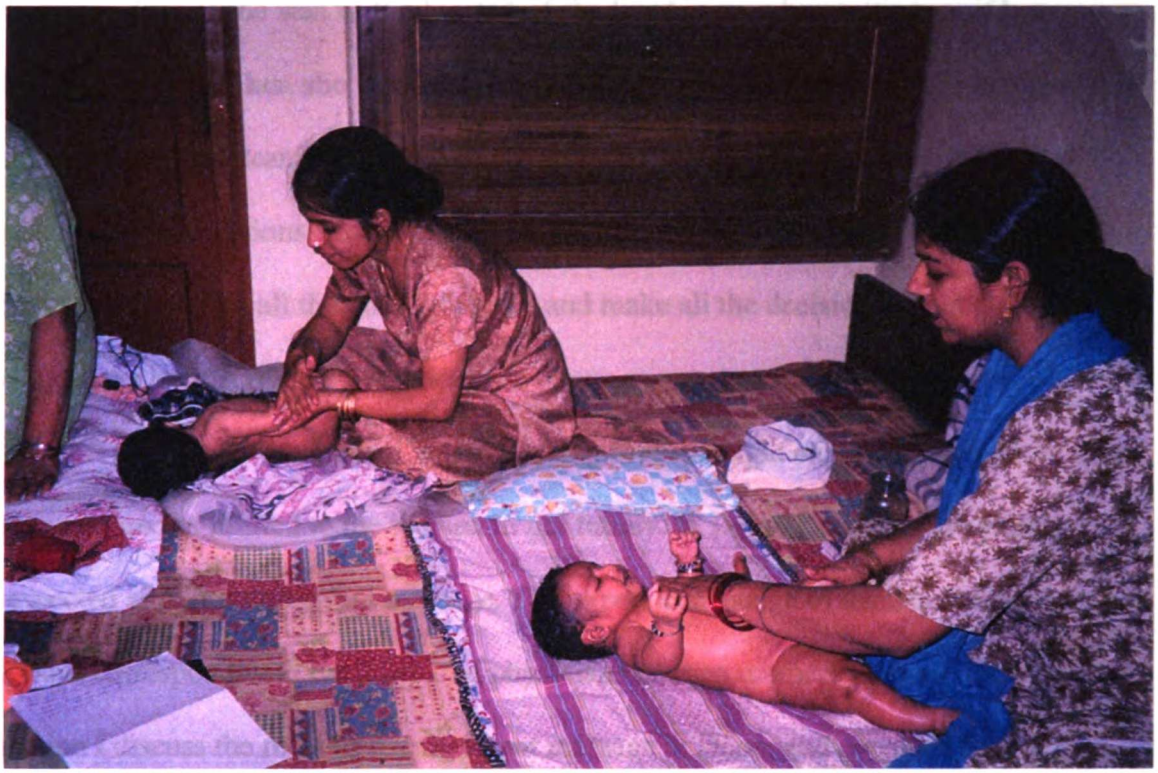


Figure 22. Massage in Joint Family

Figure 22. Massage in Joint Family

massage didn't show an obvious preference. But sometimes intergenerational conflicts did arise. In terms of preferred oils AND mechanics, household structure played a major role in determining how much influence a young mother had over the care of her children. In a joint family household, she was very likely to have to take the advice of her mother-in-law. If she was well-educated, if she lived in an urban setting, or if her husband supported her, she would have a better chance of exerting her will in regards to child care. In a nuclear family household, a mother had a great deal more autonomy to make her own decisions. However, this might not be such an advantage given that she then often has to do all the domestic work and make all the decisions about child care without the benefit of help or advice.

The senior women from whom a young mother might expect to learn about infant massage are not limited to the women in her family. In Dehra Dun, *dais* are widely respected as experts on infant massage. The expert knowledge of dais, however, does not always correspond with the desires of physicians or even mothers themselves. In the next section I discuss the roles of *dais* in infant massage in Doon, and consider how the increasing role of biomedicine in childbirth and infant care has affected their profession.

DAIS AND MASSAGE

In Brahmanic Sanskrit tradition, the most important function of midwives was the removal of the polluting impurities of childbirth. Within this framework, *dais*, usually low caste or Muslim women, through their exposure to and handling and removal of the polluting substances of childbirth (especially the umbilical cord, the placenta and blood)

(Van Hollen 2003) play a vital role in making possible the spiritual cleansing of mother and child in the days and weeks after birth. However, as Ram (2001) has demonstrated, alternate ideologies exist within caste society, and *dais* themselves often see their role very differently, as the application of specialized knowledge to birth babies, especially in the cases of complicated pregnancies and births (breech presentations, for instance). While *dais* in Dehra Dun continue to deliver babies, the medicalization of childbirth has resulted in massage services becoming increasingly important sources of income. *Dais* massage many infants whom they did not deliver and some *dais* no longer deliver babies at all; rather they market themselves exclusively as post-natal mother and infant care specialists. What follows are the stories of three of the *dais* I observed and interviewed in Dehra Dun, a consideration of the role of caste in the work of *dais*, and a discussion of the way social and economic changes are affecting their practices.

Dais' Narratives

Devi Muni

The *dais* I met in and around Dehra Dun tended to be vocal women with forceful personalities who expressed pride in their technical and intuitive skills as midwives. Devi Muni, a *dai* in her late sixties who learned her trade from her mother, responded to my questions about infant massage with narratives that established her skill and authority as a midwife; both in safely delivering infants under difficult circumstances and in preventing premature deliveries,

> When a woman is pregnant there are a lot of problems she can face. Like your womb falls. I've given a woman a birth out here when I have shot my hand with rum and oil and pushed the womb up back so that it doesn't come out, because the baby isn't coming out, the womb is coming out first and the woman is in deep pain. In another one that lives that side who was taking 500 rupees pills everyday because her womb was falling and every time she stood to pee or anything she felt as though the baby was going to slip out. She was in a very awkward position. She was in deep pain. So she came to me one night. All that it was that I tied off her stomach, I made it tight. And I used the soles of my feet to shove at the area of the vagina and shoved it in. And the next morning she was running about. That woman has the best body now.

In response to another prompting about infant massage, she said, "Massage begins the day the baby is born. Upwards and downwards both. Don't ever massage a pregnant woman downwards. Because when you do that, the womb slides downwards and kills the baby. Always do it in a round manner. Use mustard oil. I believe in it only." She continued on the topic of pregnancy,

> When you are pregnant the baby is moving in your stomach. You can feel the movement. The more it moves, the healthier the child is. It means it's a normal pregnancy. Sometimes two very common cases in pregnancy are that the baby overturns himself, instead of the head coming first, the legs come out. And to catch the problem the doctors can't do anything about it except give you a cesarean or you'll have a very bad and dangerous delivery. I can solve that problem just by massaging the stomach. Suppose it's the middle of the summer. Sometimes the baby goes below, it falls, and there's no movement because it's fallen. That's when I massage the baby and get the baby back into the proper position. If the umbilical cord gets stuck around the child's head or leg.... I know all kinds of problems when the baby is in the stomach itself. When the baby comes out I can sort out the baby. Otherwise the baby can die.

Throughout the interview Devi Muni returned again and again to examples such as these that highlighted her technical and life-saving skills as a *dai*. These statements demonstrate more than her pride in her abilities; they suggest that the logic embedded in

my mode of enquiry which attempted to bracket out infant massage from the other aspects of body-work in her repertoire ran contrary to the logics of her practice. Devi Muni routinely massaged pregnant women, to relieve the stresses on their bodies, to reposition babies in the womb and to prevent premature births. She also described massaging a woman's stomach as massaging the baby in utero. Then, in the days and weeks following the birth, she massaged both mother and child. Not surprisingly, she resisted talking about infant massage in isolation from these other tasks as nonsensical. Nonetheless, Devi Muni was quite adamant about the benefits of massage for infants, some general: "The skin and muscles of the baby are loose and they have to be tightened up. And this is very important because it helps in their growth and development for when they grow up. That's why they do it when they're small because that's the time they're learning, that's the time their body is growing," she said. She also offered advice related to very specific aspects of child development:

> You don't know about all these things but when they are this small they are very susceptible to diseases. They can catch diseases like this. And they get relapses of the same thing again and again which is, it can stop their mind growth. You know if a person has got an 86% or a 90% when they're in class ten that means he had a very healthy childhood when he was small. I believe it is said, and it's true, that when a baby starts growing and he starts getting an upset stomach and he gets loose motions that means that his teeth are coming out. So in those kinds of situations when the teeth are coming out and... Their bones are very, very tender. You can twist them. They're that tender. So when you do the massage actually you are forming the body. That's what you're doing. So the bones take that shape. So there's a bone out here which is very common in babies and it tends to protrude. If I massage the baby every day in a particular direction in a particular way that I know how to do it, it will come out the way it is supposed to be and it affects the baby's happiness. He's happy. He doesn't keep crying. When the teeth come out, the baby is not having normal bowel movements; he stops his normal eating habits. And you have to massage the baby in a different way in his neck. You have to massage it and the teeth come out normally without giving any trouble to the

> baby. There are incidents where the baby has been going haywire with these loose motions, not eating, he's got fever, he's in bad shape. And the people have brought him here, and the doctors have not been able to do anything for him, and after just a few massages, in a day, the baby is normal. There's a bone in the elbow that protrudes out because you hold the baby with one hand and take him for a walk, take him for shopping, take him here, take him there, make him learn how to walk. In that case, a baby's bone gets to popping out at the elbow. All babies go through this. In these cases the babies are brought to me and I massage the skin in such a way that their bones go back into normal position.

Massage, then, is sometimes a necessary part of the birthing process. It is also necessary for the normal growth and development of the child. It regulates bodily functions and helps address the complications of what she sees as normal developmental processes, both biological (tooth eruption), and cultural (taking the baby out shopping and visiting). Massage is necessary, not only for the body but for the mind and brain. Infancy and early childhood is a critical time for the development of the mind which, like the body, must be carefully tended,

> The baby's head is very delicate. You have to use a lot of oil on the baby's head to make it form. To give it a good shape. You lift it up every day. The baby becomes more intelligent. Why would you take it to any more doctors? It's not a dry mind. It thinks. It's more active. You are moving the muscles every day. You are making him more active. The hearing of the baby is very good. There won't be any illnesses with his ears. We put oil in his ears. He'll have clear breath.

Massage makes children intelligent so that they do well in school. It likewise helps them learn how to behave and facilitates the socialization process, "When the baby grows his mind is learning, he's trying to adopt his parents' behavior. And then with massaging that's the time they pick up. It helps him learns, it helps the body grow." For Devi Muni, the benefits of massage accrued inseparably upon the body, the mind and the

social being. This clearly gave Indian children advantages that children in other parts of the world didn't have,

> Massage is the reason Indian kids are so strong and intelligent. I'm very proud of Indian kids; they can do very well. All you guys can do is read and write. Nothing extra. I don't know how you can raise your kids without massaging him. You're mad. You people put your kids in a crèche, in school. The mother is working. She's not holding the baby. How can you massage a baby in a crèche? We raise our babies very differently. Out here everyone is at home.

Devi Muni's personal pride in the good she does for women and infants existed in a close relationship to a nationalistic pride that positioned Indian knowledge, priorities and ways of living as superior to that of outsiders.

Jai Devi

Jai Devi, like Devi Muni in her sixties, also learned her midwifery skills from the elder women in her family, "I learned from, it's a family thing. I got it from my own ancestral generations." Like Devi Muni, she was eager to share stories of her skills in assisting with difficult births and pregnancies, "From all this area, Ghari Cant, I'm famous. Anyone who wants to will call on me." She stated that she delivered for all classes, but she did more with the rich people. "The richer people who don't want to allow caesareans and operations, they call on me because they trust me. If the baby is turned, if it ends up coming out with the legs, then they get to know I can turn it the other way around and not take them to the hospital."

The way that Jai Devi talked about birth, mother and infant massage suggested that she, like Devi Muni, saw these forms of care as part of a larger process that includes pregnancy, birth, and child development. She described her work:

> So there I was solving cases, pregnancy cases such that I've learned so much in my experience that now I am doing this job. When a mother produces a child her whole body is dead. She has no energy left. It's a whole process. They really push the baby out. And so normally it's a lot of work. All your muscles are getting stretched. They're going to become very loose because they're highly stretched. To get the mother back into shape you have to massage. You have to tone the muscles to get them back in shape. The joints become weak you have to get them tighter, to get them to come back to shape. And the child because he's just come out and his body is forming, his bones are so small and tender and it helps massage for the bones to grow for him to grow, for him to become a better person. That's why massage works.

Jai Devi also stressed the importance for massage in fostering the development of intelligence in the developing child, "The baby is growing up. It increases their brain cells. They become intelligent. Otherwise the baby will be weak when he grows up. He'll have a slow brain, he'll pick up less, he'll be having severe headaches very often." Strength, intelligence, and a "better person" are developed through massage applied at the time when the baby's mind, body, and personality are at their softest, their most malleable. Therefore, the implications for infants who are improperly massaged go beyond merely a weak body;

> I know other people out here, who claim to be experts on massage, but they are all useless people, they don't know how to do it. They're just people who go to people's houses, maidservants, and because they see a baby born, and just to make more money they say, 'Oh, we know how to massage.' I've been to those houses where these people have worked and they've ruined the baby's life because they don't know how to massage. Massage is a technique. You have to learn it. You have to know which nerve, which place to put the pressure. You have to know the right nerve points. Like today if I were to massage your body I would tell you exactly which nerves were being pulled in your body at the moment. Which places you need more massage. I would tell you what is wrong with you. It's a process. When the baby is teething you have to massage it differently. When the baby has an upset stomach you have to massage it differently. Because they are techniques. You can't just follow one method for the baby. And you can't just pick up this job for money. You'll ruin the baby's life. And

the mother's. I'm only called in the end to solve these problems.
Because I told her these women don't know.

Krisna

Krisna was a lady in her fifties who delivered babies among the women in her own family, but did not deliver them professionally. Rather, she worked exclusively as a sort of antenatal mother and child care expert, providing massages for women and infants following hospital births. Unlike Jai Devi and Devi Muni, Krisna had learned about childbirth and massage from two completely different sources. The first was from her grandmother and mother-in-law. The second was at Dr. Patniak's nursing home. There, about fifteen years earlier, she had been trained in the nursing procedures related to childbirth and massage. It was only after that training that she began working as a mother and infant masseuse. She told me that she enjoyed the work; the money was good and she liked that she was helping babies. Local *dais* generally charged between Rs 50 and Rs 70 per mother/child dyad per day, for visits that lasted between one and two hours. Rs 70 represents approximately one day's wage for laborers; *dais* services are therefore rather expensive, and poor families might only be able to afford to hire the *dai* for a week or two of massage, rather than the full month that is recommended and preferred. Although business was necessarily somewhat irregular, a woman like Krisna, by keeping even two or three clients at a time could make a comparatively good living, even if she didn't deliver babies.

Given that Krisna had so much experience with massage, in both "traditional" and "medical" contexts, I asked her about the differences she had seen in the way babies are massaged at home and in the nursing home.

> The nurses do it differently. At home, people put the baby on the lap. In the clinic, they put the baby on the floor or on the bed. At home, people use a lot of pressure to make sure the oil is absorbed. In the nursing home they use almost no pressure. In the clinic they use Johnson & Johnson or Olive Oil. At home, people use mustard oil or *Lal Tail*. The massage in the nursing home is very short, only a few minutes, but in the home it lasts at least a half an hour.
>
> I wondered; which type of massage did she use in her own work?
>
> When I go to someone's home to massage, they say 'don't use so much pressure.' They're afraid something might get dislocated. But you know, a lot of pressure is important, the more pressure you use, the more strength there will be in the bones. Rich society people don't have hard massage, and they can't pick up heavy weights. People in the villages get proper massage and they can do heavy work. There's no point in doing a gentle massage. In these initial years after the baby is born, if it is not massaged properly, it will never be able to get that strength later in life. For a baby girl, massage is more important as preparation for the time when she becomes a mother herself. Labor pain makes the body ache, and it's worse for someone who was not massaged properly when they were little. Even so, it is usually difficult to convince a mother that her child needs to be massaged with the proper pressure. They don't do it because of modernization. Modern people are more interested in food and nutrition for their babies than massage.

All of the *dais* I met commented to some degree on the preference among some of their clients for gentle infant massage. When asked if they had noticed any changes in infant massage over their lifetimes, the issue of pressure was second only to oils in their concerns. Krisna had told me she liked to use *Lal Tail*. It was good, she said, because it was a special oil only for babies. And it was Ayurvedic. But Jai Devi had a different opinion.

> Because of all these oils that have come out, people go buy these *Lal Tail*, these baby oils. All these oils are garbage. When I go to somebody's house, I tell them that when I go away from them, then use all this. I use my own way. I haven't made a single change in the way I do it. I do it the way I was taught, my ancestral family way. In the end, people let me do it my way. And then they see the results; that

> the baby is very healthy there's no doubt about that, and they're happy. Actually, the truth is that the baby looks very chubby with *Lal Tail*, but actually it's all nonsense. It doesn't do anything to the bones. Because the only oil that does something to the bones and makes it stronger, the basic reason for massage, is mustard oil.

Krisna also told how the preparation of mustard oil had changed over the years:

> Forty years back people in villages dug a small hole in the ground and filled it with mustard oil. They would use that mustard oil. The baby will get the same *shakti* (strength, power) as the ground. Because the earth holds its entire weight, it must have great strength and it will give that strength to the child to carry weight in his own life.

"Modernization" was represented by commercially prepared baby oils, by a lack of interest in massage by mothers, and by preference for a gentle rather than strong massage. Otherwise they seemed to feel that little about massage practice had changed. I asked each of the women if they had seen any of the television or magazine ads for baby oils that seemed so prevalent. All were aware of them, but claimed to pay them little attention. Jai Devi was particularly dismissive, stating that "God has given me that ability. I don't need to go to television or magazines. This is our thing, our ancestral thing that came out. They have taken it from us. Why do I need to look at it?"

Dais, Caste and Polluting Substances: Intimacy and Disease

The practices and problems that *dais* represent in India are usually treated as rural issues. Considerable national and international resources go into the training of *dais*, or Traditional Birth Attendants as they are often called. These maternal and child health-oriented programs focus primarily on hygiene and vaccinations, reflecting the perception

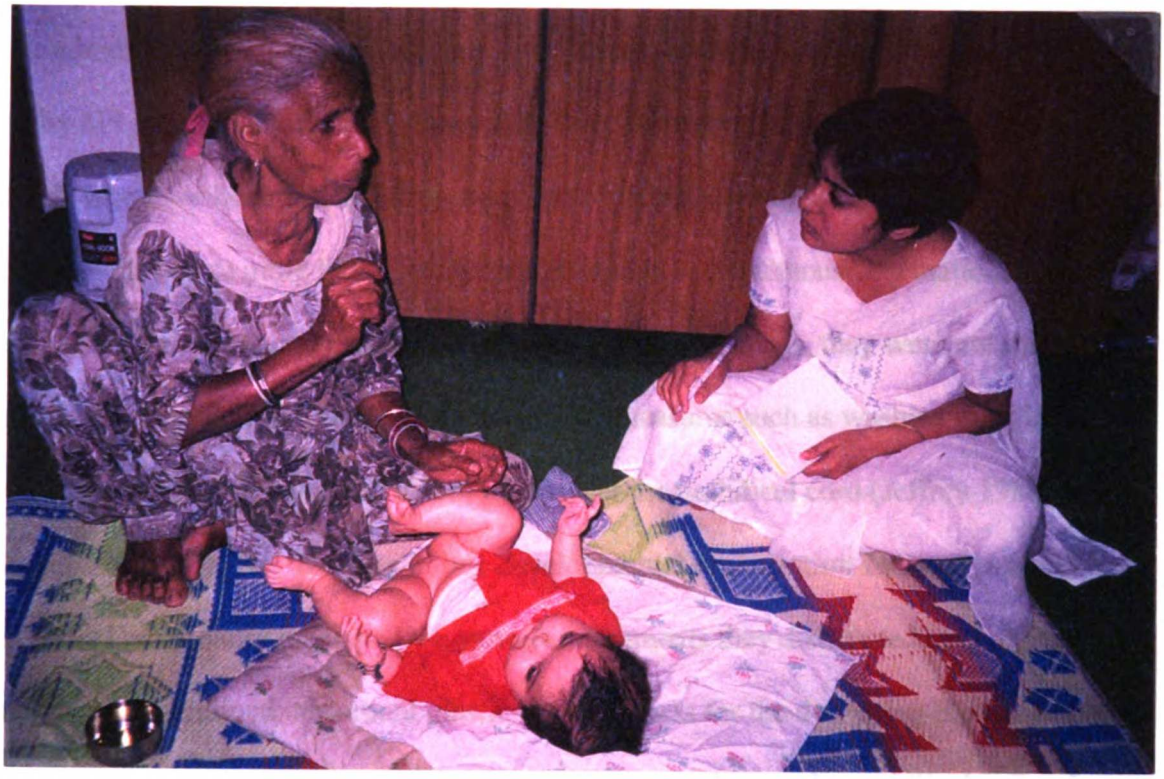


Figure 23. Kavita Interviewing *Dai.*

that sepsis and tetanus present particular risks (other risks include hypothermia and low birth-weight) to the survival of infant and mother in the period immediately after birth. The local organizations and NGOs I visited in Delhi, Dehra Dun and Jaipur all included such training in their programs, and all of the groups in and around Dehra Dun focused their attentions of the surrounding rural populations, both the local plains villages and nearby hill and tribal regions. A few studies have been conducted on the actual practice of *dais* who have been through such training programs; one suggests that while so-called "trained" *dais* were more likely to encourage women to get tetanus vaccinations, take precautions against anemia, and follow some hygienic practices, they were not much more likely than untrained *dais* to follow simple measures such as washing their hands with soap or sterilizing the instrument used to cut the umbilical cord (Jeffrey 1988, citing Kumar 1982:276). The manager of one developmental organization I visited just outside of Dehra Dun proudly displayed the various instruments they distributed to the birth attendants they trained: absorbent plastic backed sheets for the delivering mother to lay on and sterile disposable razors and string for cutting and tying the umbilical coRoad They gave each birth attendant a generous supply of these materials, he said, so that they would always have enough to use for deliveries and would be sure to discard the used materials. When I asked if they did any follow-up to ensure that the razors especially were being properly used and disposed of, he responded that the *dais* should always have enough on hand and so wouldn't need to reuse anything. He seemed to find it quite a peculiar question.

The *dais* I met, interviewed and observed in Dehra Dun were of a different variety: the urban midwife. They were very unlikely to be targeted for "training" by

developmental agencies. Rather, they contended with physicians who were often unsympathetic to their profession. Urban physicians' critiques of midwives were varied, including a concern with unsafe practices, the use of excessive force which could cause dislocation of an infant's limbs, and a general lack of care for the welfare of the infant. Massage should always be done by family members, these doctors told me, because they are the only ones who truly have the baby's best interests at heart. But the most common and aggrieved complaint they had of *dais* was that they were dirty. *Dais* might be necessary for women in remote areas who had no access to doctors, and yes, it was true that some (but by no means all) *dais* possessed skills and knowledge that were useful. Nonetheless, they presided over births that occurred in unhygienic conditions, they themselves were often unclean and didn't wash their hands before deliveries, and during massage their dirty hands, dipped in possibly dirty, contaminated oils, posed a potential danger for infants. Even some of their practices (putting oil in the baby's nose or squeezing the fluid out of a newborn's nipples) could directly cause infection. Infectious organisms, toxic oils and dirty practices entered your home along with the *dai*.

Cecilia Van Hollen has shown that in colonial times, *dais* were not only depicted as dirty (dirt on their hands and clothes, vermin in their hair, wiping their hands on the floor prior to attempting to deliver a child), they were constructed as inherently dirty due to their low caste status. Thus, while caste was generally framed by the colonial government as an obstacle to the development of civil society in India, the government nonetheless actively employed the logic of caste in order to discredit *dais* (Van Hollen, 2003; 52-53). This convenient tapping in to models of spiritual uncleanliness and the mapping of them onto models of biological contamination continues in the contemporary

moment in the discourse of doctors and state agencies, as well as NGOs who critique and train *dais*.

Juta is a Hindi word used to refer to contamination. Hindu concepts of purity and contamination have been given much attention by scholars over the years. High-caste Hindus are characterized by higher levels of spiritual purity than low-caste Hindus or Untouchables, and live with substantial concerns about contamination from "gross" substances likely to affect their state of purity, while the lower castes and untouchables are called on to handle and/or carry away polluting substances such as hair, certain bodily fluids, corpses, and so on (see Marriott 1976 for a treatment of transactions and substance codes). Although concerns about strictly limiting contact with polluting substances and persons are not reported to be as common in north India as they are in the south, it is nonetheless the case that certain jobs are done by low-castes and Muslims, and came to matter for my fieldwork when a potential Brahman landlady demanded that we purchase completely separate kitchen equipment, including a stove and fridge, if we were to rent a room in her house (despite our promise never to bring meat into the kitchen).

Sometimes *juta* is used in reference to objects and behaviors that clearly have no equivalent in western scientific or biomedical thought. For instance, I was once chastised by a host for placing my shoes on top of a sheet of old newspaper (on the scale of purity and pollution, shoes are very low and newspaper, the written word/knowledge, is relatively high). However, local discourses of purity and contamination often reflect the mapping-over and conflation of notions of spiritual and biological impurity and contamination. A parent might tell a young child to drop something he has picked up from the ground because it is *juta*; a concern both for the base nature of the object and the

assumption that it is crawling with germs, both covered by a term that references the intrinsic qualities of objects (*ganda* is the Hindi word used to describe ordinary dirt). In another case of evocation of Hindu knowledge as predating western knowledge, I have been told that the relatively recent discovery of blood-borne illnesses, including hepatitis and AIDS are "proof" that many of the tenets of Hinduism, even those often disparaged in critiques of caste, are scientific and ultimately beneficial in nature. It is worth noting that these sentiments tended to be voiced only by my high-caste friends and informants.

As I have stated, the *dais* I met in Dehra Dun did not consider the issue of spiritual pollution and its removal to be central to their work, but there was clearly some sensitivity to what they feared would be seen as polluting activities, especially those involving the use of their feet. For instance, Krisna told me,

> I've seen *dais* give massage with their feet! In villages, because the mother has a natural delivery and hurts very bad. With the feet they use more pressure and prevent air from entering the womb. It's something important; its medical only, not *juta* or insulting. I saw it in the village in Benaras where my sister's baby was born. It doesn't happen here.

Infants in general present interesting challenges when thinking about purity and pollution. In some cases they seem to defy expectations about what is and isn't contaminating. During infant massage, the feet are treated like any other body part, with no particular importance or concern for their "pollutive" potential. This stands in stark contrast to adult feet. To massage the feet of an adult demonstrates subservience and dedication, through a willingness to touch the most impure part of the body. Thus daughters-in-law massage the feet of their mothers-in-law, but not vice versa. And accordingly, a new daughter-in-law might be given a glass of water to drink within which

her mother-in-law had dipped her toe. Of course, infant feet do not come into contact with the ground to the degree that adult feet do. Likewise, cleaning up after baby's various bodily fluids and excreta is routine and mundane. Nonetheless, because childbirth is such a powerfully polluting process, both mother and child retain some taint of this for months after birth. Everything to do with the birth is pollutive, I was told. The various religious ceremonies, performed on behalf of infant and mother, are largely intended to function as a series of purifications to enable them to shed the contamination of childbirth. Thus, some practices which were usually explained to me in purely bio-physical terms take on new significance. Removing the fluid from a baby's nipples cleanses him of one of the contaminating fluids related to birth. The shaving of a child's head (which might occur late in the first year or in the third year, depending on the family) was described as a means to ensure that their hair will grow in thick and dark, but its significance also lies in the fact that it is the "birth hair" that is being discarded. The idea that birth hair might be considered a contaminated substance is also supported by the fact that the shorn hair is placed in a river (purification) and that traditionally this ceremony is performed only for boys. Although in Dehra Dun it was treated as mandatory for boys, it was also done for girls, albeit less frequently. And it should never be forgotten that it is women, who are inherently less pure than men, who generally take care of the baby's needs and person.

The fact that infants' state of impurity does matter was confirmed by a friend who told me that his parents, who were very religious, wouldn't even touch a young baby (they apparently also changed their clothes each time they used the bathroom). It is especially significant to note that *dais*, even when they do not assist with deliveries but

only come in after a birth to massage the infant and mother, traditionally visit for about 30 to 40 days. After that time the regular massage is turned over to the baby's mother or grandmother. That 30 to 40 day period corresponds exactly to the period a mother and infant would traditionally be confined, secluded from family and friends, banned from the kitchen especially, because of their polluted states. This correspondence suggests a shift in states of pollution; as long as mother and infant are "highly" polluted, the *dai's* presence is desirable as she is actually less polluted than the mother and baby and can in fact serve to remove some of the pollution of childbirth. When their positions are reversed after the appropriate time and ceremonies, the *dai* becomes a liability. Of course, in every day practice these structural constraints may be subverted, such as the cases when parents bring *dais* in later in infancy to treat children with developmental problems. In child rearing, practical necessities generally outweigh ideological concerns. Also, as I have already shown, families in Dehra Dun often felt they did not follow "traditional" rules very strictly.

From *Dai* to Doctor

Physicians' critiques of *dais* may be motivated by genuine concerns for the health and survival of mothers and infants, but they are also part of larger social and economic trajectories that demand that physicians' discourse be treated as part of the project of establishing the authority of biomedicine over all realms of life (Van Hollen 2003; Ram 2001; Foucault 1975). The overall effect of the discrediting of *dais* and the promotion of biomedical control of childbirth is that in urban areas (and despite the claims of some

dais), usually only the very poorest women will have home births. The valorization of "natural" childbirth and home birthing that have gained attention in some segments of North American society is completely absent here. Middle-class women expect to give birth in hospital and nursing homes, and working-class women very often want to emulate middle-class women. Henrike Donner (2003) has showed that middle-class women in Calcutta welcomed cesarean sections as a means to avoid the "pollution" of birth and because of the sense of agency it bestows upon them, as family members mobilize to gather the resources necessary to pay for the expensive surgery. In Dehra Dun, I too noticed that women were extremely unconcerned about the prospect of surgical deliveries. This mode of delivery seemed (to me) alarmingly common, with many women having no idea why the surgery was necessary other than "the doctor said I needed it." It was very rare to meet a woman who criticized this, looked for a second opinion, or said that she used a midwife in order to avoid surgery. This lack of concern with surgical deliveries was true even among working-class and lower middle-class families for whom the costs of surgery must have been crippling. At the time I attributed this attitude to the absolute authority that physicians hold over their patients in medical matters. Their recommendations are simply not questioned; when I needed medical care I found it extremely difficult to convince my doctor to explain exactly what the medicines he was prescribing were intended to do.

Jeffery et al. (1989) speculated that the status of *dais* in India might have shifted over time, with *dais* becomingly increasingly deskilled, and that with the expansion of urban medical facilities providing ante-natal, abortion and fertility services, the work of dais might have become more restricted to only the delivery of babies. My research in

Dehra Dun suggests that *dais* see pre-natal, delivery and post-natal care of mother and infant to be part of a continuous processual mode of care. *Dais'* work in massage is equally important to their other birth-related skills, and the massage they provide is directly responsible for the development of the infant and thus the production of the person. Delivery work is not being left to the *dais* in the face of the increasing hegemony of biomedicine; it is being actively wrestled away from them. Rather, it is the post-natal work of massage that has become increasingly economically important for *dais*. Even in regards to massage, doctors (with the encouragement of Johnson & Johnson) are exerting their authority and discouraging families from employing *dais*. The massage skills of *dais* currently remain well-respected among all socio-economic classes in Doon, but mothers are increasingly likely to insist on the use of a particular oil, a lesser amount of pressure, or to question the *dai* over anything she feels uncomfortable with. A minority of families refuse to employ *dais* at all because they don't trust them or their skills. A mother may ultimately decide to take a *dai's* advice over a doctor's, but there can be no doubt that she takes the doctor's opinion very, very seriously. *Dais'* responses to these changes vary; some see an opportunity to sell a more marketable product with a gentle, feel-good massage, but most resist and resent this. They feel strongly that all of their skills are superior to those of doctors, as diagnosticians and healers. According to Devi Muni,

> The powers that the *dais* have, the doctors don't have them. We know the exact problem. We can decipher it. With no medicines. I can tell you how many months the baby is, just by looking at the stomach. With all this scanning, they do all this bullshit to tell you what shape is the baby in. I can just feel the stomach and tell you.
>
> Sometimes you feel as though the baby is going to slip out of the vagina. When you feel there is tremendous pain and you feel heavy, when you do not want to do anything, you are not normal. That's when I'm called and I massage. And in another week's time the woman is

> feeling much better and she's feeling lighter. But everybody can't do it because you need the right techniques and to press the right places. Doctors are bullshit. I don't believe in them. They just give you a pill and they take your money for it and they don't do any good.

In contrast, Jai Devi, who worked in a doctor's clinic and had substantial experience working collaboratively with physicians who appreciated her skills saw physician/*dai* cooperation not only as possible but as preferable,

> When the baby is born, there are certain troubles Indian women face today. Suppose you are in pain. But the baby is not in a position to come out. The delivery date is suppose the first week of June. The doctor says you are due, so they give you an injection to develop your labor pains, and that's when the baby comes out. But they should be asking the *dai*. The *dai* knows what position the baby is in. We can give the woman a normal birth from the vagina after she gets the injection. She guides the doctor, tells them when to do it because she knows exactly what the baby is like in the stomach.

The appropriation of infant massage by medicine and pharmacy is something that is resented by some *dais* in some cases, and seen as an opportunity for partnership by others. *Dais* in Dehra Dun know they are contending with physicians for authority on massage, just as they contend with them for authority on childbirth. They are also aware that the general public is increasingly influenced by physicians and the media; the new or revival of interest in infant massage described by some of my local informants holds the potential for the transformation of *dais'* practices. On the one hand, the increased medical and media attention to massage and its positive attributes may create new consumers of massage (or maintain those who might otherwise abandon the practice). On the other hand, the massage that is being promoted by media and medical interests does not necessarily resemble the massage given by *dais*, who must decide whether to assert their

authority (and thereby risk it) through adherence and promotion of "ancestral" knowledge about massage, or to reinforce their position of authority by working in concert with biomedicine or biomedical discourse on massage, but risk the loss or transformation of the traditional knowledge that they value so highly, and upon which their reputations are staked. Strategies vary, but clearly some *dais* are prepared, albeit reluctantly, to adopt the oils and techniques preferred by physicians and pharmacy. The reality of the massage marketplace leaves them little choice. In fact, the *dais* in Doon seemed to feel less threatened by physicians than by the actions of local servants or laborers who, posing as massage experts, endanger both *dais'* livelihoods and the very babies those *dais* would otherwise massage. *Dais* must therefore contend with both physicians who would discredit them and competitors who they themselves seek to discredit.

Modernization in all its forms: education, media, urbanization, changing family structure, and technology, is widely recognized as increasingly characteristic of life in the Dehra Dun area. *Dais*, mothers, and grandmothers all call on these symbols of modernity in their massage narratives. However, just as "modernity" may have negative and positive associations, so too do narratives of the effects of modernizations on infant massage. In the Lost Eden narrative, television and education are criticized as information sources which prioritize hygiene and nutrition over "old" ideas like massage, but in the Progress narrative, those same sources of information are heralded as the point of origin of messages which encourage the massage of babies. Urbanization and migration are in some cases seen as the means to a better life, where women work less and have more time to massage and care for their babies, but in other cases, they are seen as the cause of the break up of the family, of the loss of respect for the elderly (both of which disrupt

transmission of massage knowledge), and an increased interest in selfish pursuits such as fashion in lieu of traditional, devoted family-focused activities like massage. One of the critical differences between the Lost Eden and the Progress groups seems perhaps to be the recognition of infant massage as "fashionable." Those who thought of infant massage as an "old" idea were more likely to fear or have witnessed its decline; those who saw it as "new" or newly fashionable described and anticipated its ascendancy. The Revival narrative incorporates both: massage had declined due to an undervaluing of "tradition," but with a recent renewed interest in tradition (stimulated by both scientific investigations and nationalistic desires), infant massage is once again in fashion. Thus the revival narrative addresses the metanarrative of modernity in India wherein tradition and modernity are mutually troublesome. Traditional knowledge, once tested by science, can be asserted as the means to overcome the ills of modernity: a nationalistic defiance of economic globalization and cultural imperialism.

CHAPTER SEVEN

DISCUSSION

TRANSNATIONALISM, BABY-BUILDING, AND NATION-BUILDING

This dissertation demonstrates the ways that infant massage has become a transnational discourse, commodity and practice, and the ways in which transnational infant massage, alternately making claim to and erasing India, has become the means to grow modern Indian bodies, subjects and citizens, of disparate types. Aihwa Ong (1999) characterizes the transnational as that which moves through space or across lines, and whose nature changes in the process. Transnationality is "the condition of cultural interconnectedness and mobility across space—which has been intensified under late capitalism" (Ong 1999:4). Indian infant massage has been *made* transnational, through its appropriation in the 1970s, through the processes of evocation and subsequent erasure that India has been subject to in infant massage literature, in its emergence in the last fifteen years as an object of clinical research that promises benefits for at-risk infants, and with its re-insertion into the Indian context in the form of books, medical discourse, and the advertisements and products of baby oil manufacturers, most notably Johnson & Johnson.

Infant massage is being *framed* as transnational, even wholly foreign, by some interested parties in India. The India-published variant of Vimala Schneider McClure's book, described in Chapter Two, is the most extreme example of this framing. In this

case, a "western" publication that actually made substantial reference to India as a point of origin for massage was edited so as to make it appear to be exclusively of foreign origin. Johnson & Johnson products market their baby oil with representations that highlight clinical studies conducted abroad, and a global identity that is illustrated with print ads showing infants of various races, and only calls on India in the most superficial of ways, or as a site of nostalgia. This transnational framing directs Indians to look to external sources of authority for direction on giving and understanding massage, or to physicians, who act in effect as local translators, themselves consuming certain forms of massage discourse (the synopses of medical literature distributed by pharmaceutical companies, or the pharmacy-funded medical literature itself). Infant massage may subsequently be better sold to the populace through physicians' authority and the legitimacy this authority lends to advertisements and products in the Indian marketplace. "My second daughter started walking very late. The doctor said 'You should massage your daughter very often.' After the doctor told me about it I had more belief in it."

As a result of the transnational creation and framing of Indian infant massage, massage is increasingly being locally *understood* and appreciated as transnational. This understanding is to a large degree due to the high visibility of U.S.-based Johnson & Johnson's infant massage promotions, and was evidenced in my research in a numbers of ways: in the tendency to discuss massage motivations and benefits in terms of the developmental psychology idioms popularized by Johnson & Johnson and other biomedical/developmental interests, in the avid interest expressed in my research that suggested widespread interest in the larger question of India's place in the global community, to informants' eagerness to translate infant massage for me by describing it

as similar to practices such as acupuncture and reflexology. It was also suggested by the ongoing tendency of people in India to treat me, a foreign researcher, as if I must be an expert on infant massage. I was frequently addressed with the questions, "What is the proper way to give massage?" and "What oil do you think is best?" While I recognize that in some cases mere politeness or casual curiosity might motivate such questions, I nonetheless feel certain that from the moment I arrived in India, and evidenced by my early experience with the Doon pediatrics group, I was viewed as a source of knowledge characterized by a particular authenticity; that of the foreign "expert." It does not surprise me that it was most commonly physicians and middle-class mothers living in nuclear family households--people who were otherwise accustomed to looking at information sources from outside their immediate domestic context, who most consistently sought my opinion--but they were not the only ones to do so.

The appropriation and transformation of infant massage from Indian to transnational has subsequently acted as provocation for nationalist re-claiming of infant massage for India. As in transnational transformations of infant massage, this turn to the Indian is evidenced in medical discourse, the baby oil marketplace, and popular understanding; infant massage, accordingly is being made, framed, and understood as Indian. Indian clinicians have begun conducting research into the effects of infant massage made relevant to the Indian context; they are making "natural" bodies "national." Baby oil manufacturers, particularly Dabur, re-claim infant massage for India through their evocation of Ayurveda and Indian cultural norms. They position themselves against biomedical physicians, who they represent as being critical of massage and Ayurveda; as Ayurveda has come to stand as a sign for the Indian nation, this

representation both legitimizes Dabur as authentically "Indian" and calls into question the intentions, even loyalties, of biomedical physicians. This nationalism is also evidenced by those who continue to use *Lal Tail* or mustard oil, not because it is all they can afford, but as an explicit rejection of the messages that Johnson & Johnson promote, and by those who return to mustard oil after a hiatus because, "In the olden times people used mustard oil, and I think that the kids in those times were much stronger than kids massaged with Johnson & Johnson are." Likewise, nationalism was expressed by the *dai* who bragged about the superiority of the bodies and brains of Indian children because of massage. Finally, there was Dr. Verma, the ob/gyn, who saw the revival of interest in massage as an expression of nationalistic defiance of global economic interests. As evidenced in infant massage discourse, nationalism does not exist in isolation; rather, in complex relations with transnationalism, consumerism and colonial and post-colonial regimes of power.

If infant massage has become transnational in the treatments and minds of some, and, through the provocation of its appropriation to the transnational sphere, reconfigured as national by others, what are the implications for the role of massage in growing modern bodies, subjects and citizens? Massage may be considered to have improved in both quality and quantity, or have declined in relation to an unspecific past, but Doonites do generally agree that the "now" is somehow qualitatively different from "then." "Now" we are "modern', for better or for worse. Being modern means being urbanized for some, living in nuclear family households for others, but for all it seems to mean looking to sources outside the immediate family or community for authoritative knowledge about how to live and be. Modernity is tied up with the media, the marketplace, and in the

increasing reliance on scientific and medical authority in the regimes of life, "If something my mother-in-law says isn't scientific, we might refuse to do it."

Arnold (1993) considers the ways that medical and public health sciences were the means of inscription, categorization, and surveillance: ultimately, the colonizing of Indian bodies both in terms of hegemonic and coercive processes. Gyan Prakash (1999) traces the ways that science, imposed on India and framed in opposition to the irrational--religion and superstition-- was imposed on India as a critical part of the "civilizing mission" of British colonial rulers, how the colonized elite sought to identify "an original 'Hindu science' upon which an Indian universality could stand" (Prakash 1999:9), and how science (in its myriad of forms) became in turn, a sign for Indian modernity. In the case of medical science, Indian nationalists sought to identify a national medicine to displace the institutions of biomedicine that governed Indian bodies.

To consider the body in contemporary medical anthropology is to consider Scheper-Hughes and Lock's (1987) treatment of the three bodies: the individual body, a "phenomenally experienced individual body-self," the social body, "a natural symbol for thinking about relationships among nature, society and culture," and the body politic, "an artifact of social and political control." Throughout this dissertation I have been concerned with all three bodies; for instance, the individual body in how massage is experienced, the social body in what bodies symbolize in how the low caste status of *dais* leads their bodies to be constructed as both polluted and unhygienic, and in how the infant body has been constructed as a "natural" symbol, and the body politic in my concern for how the relationships between these individual and social bodies speak to issues of power and control, such as that which occurs in the national and transnational

surveillance, regulation and control of infant care and health in India. The power and control I see operating in infant massage reflect less Arnold's concern with the overt and brutal state-sponsored regimes of medical science, and more with Foucauldian regimes of biopower. Foucault's worked focused on the role of medicine, schools, jails, psychiatry and other systems of knowledge in the control of the body politic (Foucault 1970, 1973, 1977). Biopower is not necessarily centralized, but rather exists in "localized, diffused micropowers which articulate control through the regulation of physical bodies as well as the moral and mental conduct of populations" (Nichter and Yukovic 1994).

In relation to infant massage, biopower is operating in two interrelated ways. Clinical research defines massage as "good" for babies, suggesting that good parents need to provide massage for their children. Secondly, baby oil manufacturers package and market their products in symbolically-laden materials which serve to reinforce the initial impetus to massage, with particular messages about the types of bodies, subjects and citizens which can be grown through massage. The dominant model for this baby-building is defined and promoted through the hegemonic actions and discourse of biomedicine, but is being challenged by alternative regimes, wherein tradition and indigenous science (albeit defined, tested and legitimated through those very biomedical idioms they claim to subvert) are articulated as the means to grow a different type of body/subject/citizen. Baby-building is thus inherently political, both the product of, and the means to build the nation.

"A powerful way of regulating the body both physically and morally is through the taking of medicines. 'Modern' as well as 'traditional' values may be embodied and communicated to others through medicine taking" (Nichter and Yukovic 1994). My

research demonstrates the ways that bodies are regulated through infant massage and the use of oils, and that through regulation of individual and social bodies and ultimately, the body politic. Through direct manipulation of individual bodies with massage, and through the operations of overlapping regimes of micropower: surveillance through operations of public health agencies, the machinations of medical-pharmaceutical complex, education, and regimes of self-care, baby-building is nation-building. The characteristics of massage itself: its health, strength, beauty, its Indian-ness and its transnationality, may be rubbed into the body along with the oil used. The oil itself promises a particular set of benefits, which may or may not be conceived of as independent of the actual massage effects. Therefore not only are the effects of massage potentially doubly powerful, but also potentially equivocal: massage may rub in both tradition and modernity, simultaneously and in multiple possible articulations. The quest to be a modern citizen may be facilitated through massage, but that very modernity may be defined in multiple and contradictory ways. Infant massage may be understood as a purely foreign, rational, scientific practice by some, and a local, rooted, Indian tradition by others, but it is most often, and to some degree, both. Ong (1999:4) suggests that in the condition of modernity, transnational citizens need to be "flexible," subscribing to cultural logics that allow them to respond fluidly to changing conditions. Along with its many specific and well-defined characteristics, infant massage also rubs in the ambiguities and ambivalences so often characteristic of modern subjectivities in India, providing at least the potential for the flexibility necessary for Indians to grow their babies into transnational citizens.

POSSIBLE FUTURE CONVERSATIONS

The following three essays should be considered as possibilities for further scholarly exploration, debate, and theorizing. They are critical issues which derive from, and relate closely to, my research on infant massage, but they are all concerns that deserve ongoing and careful independent treatment. Consider these discussions as something more than thought pieces, but something less than thorough scholarly arguments.

Oilseeds and Economic Liberalization

One of the most repeated stories I was told during my explorations into infant massage was the story I have described earlier: the story of why mustard oil is no longer considered "pure." Because of the case of adulteration and resulting deaths from oil, people felt it was not safe to use on their children. Oil purchased in the marketplace was no longer produced locally where its quality could be assured, but in far-away factories where, "anything can happen." Something had been lost with industrialization, something which could not be regained.

It has only been recently that I have become aware of how deeply rooted this concern with the manufacture and economy of mustard oil is in Indian consciousness. Achaya (1990) and Gulati and Phansalkar (1994) trace the history of the processing of oilseeds in India, and the ongoing shift from locally-situated, animal-powered *ghanis* (mills) to larger and larger centralized industrial operations over the course of the

twentieth century. Concerns about this transformation have been raised for decades and even in pre-independence India; in 1939, Gandhi lamented that "the oilman has disappeared or is fast disappearing" in his newspaper The Harijan. The All-India Villages Industries Association, established in 1940 at Gandhi's insistence, studied and promoted *ghanis*, among other small-scale technologies, the best-known perhaps being the weaving of *khadi* (homespun) cloth (Achaya 1990:209). Today, debates about the benefits and ills of the oilseed industry are complicated by the events that unfolded in August 1998 with the mustard oil adulteration deaths. A series of articles in the August 29, 1998 issue of The Indian Express describe the events of immediately following the deaths: That the Dhara brand of mustard oil was contaminated with argemone seed oil, that proper testing procedures were not done before the oil reached the market, that there was no antidote to the toxin, that the Delhi government had banned the sale of "loose" oil (that not in sealed packages), but that local dealers were sneaking it out of the capital in milk tankers to areas not under the ban, that *jhuggi* (slum) dwellers were continuing to cook with the banned oil, and that the prime minister's office was rushing to have samples from all of the food supplies he was taking on an upcoming African visit safety tested, pulling laboratory technicians away from the critical task of testing oil samples.

The government's response to the crisis was to increase testing and surveillance of all oil production and transportation, and to initiate strict regulations for oil packaging (which raised prices). The immediate health crisis was brought under control, but the furor that was to erupt over the government's treatment of the oilseed industry was only beginning. Some historical background is needed before I can proceed: The modern state of India was founded on the principles of secularism, democracy and socialism. As such,

from Independence until 1991, the economy was closed and any international trade tightly controlled. In 1991 India faced financial collapse; the IMF offered to bail them out with large low-interest loans on the condition that India liberalize its markets. India agreed, and since 1991 has progressively opened up more and more of its marketplace to international competition (Corbridge and Harris 2003). On April 13, 1998, the Indian Express reported that the World Bank had recommended a five point document aimed at liberalizing the Indian oilseed economy, opening it to imports for the first time. Small changes were made in the market at first; as of April 1, 1999, the oilseed economy was declared liberalized (Govt. of India 2004). India, which had previously been self-sufficient in oilseed production, is now the world's largest importer of edible oil (The Hindu 2003).

While the government justified the need for imports on poor crops that year, conspiracy theories abounded. Shiva (2001) claimed that the mustard oil adulteration was deliberate; the act of multinational interests, most likely soybean, who wanted to provoke the opening of the marketplace. Even the Indian Health Minister was said to have stated that the tragedy must have been the product of a conspiracy. In the meantime, Indian biotechnology companies are racing to produce bioengineered mustard seed, to sell in the Indian and global marketplace (Hari 1999). Embedded in the bioengineering discourse is the assumption that open trade is good for India. Anti-globalization critics are claiming that neoliberal economic policy, which has been successful in boosting the national economy, is nonetheless ruining Indian agriculture and farmers' livelihood. *Swadeshi*[66] who overlap with the anti-globalization movement while remaining distinct, with their Gandhian (and pre-Gandhian) history, have marched on Connaught Place, milling

[66] "Of one's own country": members of a movement to stop importation of foreign goods to India.

mustard seed with hand mills and demanding the government provide the people with safe sources of locally produced (and low-tech) sources of mustard oil (SUNS 1998). Clearly the situation is relevant to local narratives about massage oil, but it is also relevant to larger questions of economic policy, nationalism and modernity in India, and deserves a careful scholarly treatment.

Infant Massage and Indian Modernity

As Dipesh Chakrabarty has said, "Modernity is easy to inhabit but difficult to define. If modernity is to be a definable, delimited concept, we must identify some people, practices or concepts as nonmodern...Can the designation of something or some group as non- or premodern ever be anything but a gesture of the powerful? For a country such as India, the question takes very specific forms" (Chakrabarty 2002:xix). My engagement with modernity in India has not been an attempt to identify a uniform model or definition of modernity. "Modern," like "global" can both be defined locally and globally. Rather, I have considered what signifies as modern in India, and in particular in Dehra Dun. Things of foreign origin are modern, secularism and rationalism are modern, science and biomedicine are as well, as are nuclear families (and bad families), consumer goods, the military, television, education, the English language, *pakka ghar*[67], love marriages, Valentine's Day, computers and children who work abroad. Not all that is modern is necessarily good or bad today. However, as a colonized region, South Asia

[67] 'proper, authentic houses'; homes with cement floors, solid roofs, indoor kitchens and bathrooms with flush toilets (which may or may not be part of the structure of the main house, and sitting-rooms. This is contrasted with homes which have no plumbing, outdoor kitchens with wood/dung fuelled 'stoves', dirt floors, thatched or corrugated roofs and where bedroom also function as sitting-rooms, often several small independent rooms built around a common courtyaRoad

was presented with and imposed upon with a picture of modernity where all things modern (as defined by the British) were framed as both superior and desirable and, by definition, something South Asians weren't, but should strive to be. No great wonder that the legacy of this for India as a post-colonial society is both a desire to be modern and resentment towards modernity and the legacy of dominion that it represents.

The non- or pre-modern Chakrabarty calls upon is generally spoken of in India as the "traditional," a term that means much the same but promises some relief from the evolutionary implications of "pre-modern." My concern with the significance of the modern and traditional lies in the ways they are configured in the service of body (baby)-building and nation-building. Traditional/modern configurations are utilized in self-conscious attempts at defining the Indian subject and nation, and are mobilized to accomplish desired goals, in the case of my research those goals include selling commodities. Just as modernity and tradition are instantiated locally, they are likewise instantiated individually, such that modernity and tradition may signify different things to different people, in relationship to different objects at different times and in different circumstances. Thus infant massage can be both modern and traditional and *Lal Tail* can be looked at favorably or not, and be considered traditional or modern, or both. I argue, following Langford (2002), that establishing the modernity of traditions such as infant massage can be a way to heal not just the individual body, but the nation as well, and provides a means to navigate the treacherous waters that characterize the process of nation-building (and baby-building) in India.

To explain this claim I turn to a comparison of two bodies of "traditional" Indian knowledge, and the attempts that have been made to establish them as "modern": infant

massage and Ayurvedic astrology. In the case of infant massage, as I have shown, a traditional practice, through the actions of clinical science has been "proven" to be good for babies. Many modern actors have played a role in establishing this proof: international and Indian doctors and researchers, as well as conglomerates and the media-at-large. Although the attempts of Johnson & Johnson to market their baby oil for use in massage is sometimes resented, the results of the clinical research they fund are widely welcomed. Here is an occasion of the proof of the modernity of tradition: we were right all along. Contrast this to the response to the attempts of the BJP government to introduce Vedic astrology as an academic department in Indian universities in 2001. When this announcement was made it provoked intense debate both in Indian newspapers and in homes. Where was the "proof" that Vedic Astrology was scientific? Didn't its very nature as God-given knowledge defy scientific investigation? Wasn't this a giant step backwards for India as a nation? Wouldn't they be an international laughing stock? The question of Vedic astrology quickly divided discussants into modernists and traditionalists, in the sense that on one side objectors claimed the practice did not conform to the rational standards of science, and on the other side the supremacy of tradition was held out to be immune to treatment by those very standards. The disjuncture here lay in the fact that Vedic astrology was being re-evaluated as modern by its inclusion in educational programs in major universities, themselves inherently modern institutions. Instruction in this subject in religious colleges or contexts would have barely raised an eyebrow. Secularism and science are seen to be appropriate bedfellows; Hinduism and science are not.

This comparison is further interesting when you consider the case of Ayurveda. Also a God-given form of knowledge, Ayurveda has very successfully been reconfigured as modern through its professionalisation, inclusion of biomedical concepts and commodification in the form of manufactured, globally distributed medicines. The professionalization of Ayruveda is generally seen as a response to the hegemonic influence of biomedicine in colonial India. (Brass 1972; Langford 2002). As Ayurvedic form and practice has increasingly come to resemble that of biomedicine, and as more and more "discoveries" are made about the efficacies of Ayurvedic medicines, many in western countries, the popular comfort level with Ayurveda standing as both tradition and modernity increases. Such discoveries (such as recent research on the benefits of tumeric) are proof, again of the "rightness" of traditional knowledge. Alter's (2000) work on the history of yoga similarly demonstrates that it was transnational scientific research which "proved" the effectiveness of yogic practices, and which made possible the transformation of yoga from an aesthetic practice into both physical education and a medical system. The critical difference between Ayurveda and Vedic astrology is that in the case of astrology, the authority to claim the validity of knowledge comes from a political and religious source. In the case of Ayurveda, the authority is biomedicine, one of the most powerful tools of colonialism, also political of course, but so successfully rendered as "neutral," scientific knowledge that even many (although not all) proponents of tradition welcome its judgment. Likewise with infant massage.

It is my contention that the configuration of the modernity of traditions such as Ayurveda and infant massage works in a sense, because they serve as balm to the ambiguity that signifies the state of modern subjectivity in India, and the existential crisis

this ambiguity threatens to provoke. Although irony may be seen in the need for biomedicine to establish the authenticity of these traditions, it is avidly sought because it promises to diffuse the binary opposition of modernity and tradition. If Ayurveda and infant massage have been scientifically established as authentic, it allows for the possibility that they have always been rational and scientific. As both Cohen (1995) and Langford (2002) show, "science" may be used to establish the authority of Ayurveda, but likewise Ayurveda may "prove" modern science. Not only does this type of maneuver establish that "we were right all along," it establishes that "we" have *always* been modern.

Infant Massage and Local Biologies/Local Developments

In addressing the question of what is at stake in the globalization and transformation of infant massage, attention is inevitably turned to the issue of infant health. However critically important the economic and cultural transformations I have described may be, a concern with infant health and survival are partly responsible for my interest in this subject and they, arguably, are the ultimate stakes. If infants in India are characterized as "low birth-weight," if clinical research has demonstrated that low-birth weight infants benefit from massage, and if the marketing practices of baby oil manufacturers encourage parents to massage their children (and perhaps as importantly, legitimize massage in the eyes of Indian physicians), can anything but good be the result? Clearly my concerns with this research go beyond the question of child health: (although

I have concerns in that respect as well) I want to unpack the assumptions of the clinical and epidemiological child health literature.

In pursuit of this, attention should first be paid to the concept of low birth-weight. In The Taming of Chance(1990), Ian Hacking traces the concept of "normality" to the 1820s, considering it to be a critical part of the larger process of the development of a modern and rational society. Positing a "normal" by necessity demands an "abnormal," and what might have otherwise stood for average instead becomes "ideal," a goal to strive for, "We have regularly used 'normal to close the gap between 'is' and 'ought', and this conflation of the average with the ideal makes the benign and sterile-sounding word normal...one of the most powerful ideological tools of the twentieth century"(Hacking 1990:169). As Lock (1993) tells us, Hacking traces the development of this concept to Comte, who moved the concept of normal beyond the clinic into the political sphere, where "normal ceased to be the ordinary healthy state; it became the purified state to which we should strive, and to which our energies are tending. In short, progress and the normal state became inextricably linked" (Hacking, 1990:168). Butt (1999) has stated that infant nutrition, size and weight have become the "physiological barometers for measuring arbitrary goals of normal growth," which is becoming increasingly used as an indicator of the health of a population as a whole (Dettwyler and Fishman 1992). Low birth weight is a particularly powerful symbol of underdevelopment of the infant, and by association, the nation. In India, low birth weight is considered to be a key contributor to neonatal mortality. As it is generally attributed to poor maternal nutrition and health care, it also stands as proxy measure for the health and status of women. The stakes in

pathologically low birth weights then are held not just by the individual child, but by his mother and indeed his entire society.

It should come as little surprise that physicians in India so avidly embrace the news that clinical science has "proven" the efficacy of infant massage. The potential here is for the nation to heal itself; a traditional Indian practice can help Indian infants measure more "normally." Building on Foucault's concept of biopower, Armstrong (1983) has introduced the concept of "technologies of the survey," wherein entire populations are subject to statistical surveillance. In India these surveillance technologies are frequently (if not exclusively) directed towards the poor and the rural. Physician-contacts frequently recommended that I conduct surveys and comparative studies in remote regions; for them, it was never in doubt that the appropriate focus of my work should be the "underdeveloped."

To date, the institutions of government and medicine in India have not formally taken up the cause of infant massage. Developmental programs for women and children focus on "safe" childbirth, vaccinations and infant feeding practices. These programs can be both coercive and public; during my fieldwork I noticed that homes in two of the villages I visited, Mehuwala and Purkal *Gaon* had standardized notations marked on external walls. These, I was told by villagers, indicated that the children of the household had received certain inoculations. This very visible inscription increased the ease of surveillance of families' conformance with health programs, and called to public attention any who weren't willing to give proper health care (as defined by the state) to their children. To date and to the best of my knowledge no maternal and child health program has included instruction on or even reference to, infant massage. But there has

been some surveillance of the practice, both in the Dehra Dun area (IASDS) and nationally (National Neonatology Forum). The national report surveyed neonatal care practices across India and allocated each to the category, "harmful," "harmless," or "beneficial." Infant massage was designated as beneficial. Given the rising profile of infant massage in national and international discourse and media, it seems likely that it is only a matter of time before it gets picked up as a component of maternal and child health programs.

In the meantime, infant massage remains the territory of pharmaceutical sales and clinical science. And whether massage is being promoted in the service of development, public health, or private enterprise, it is all in the pursuit of growing ideal infants into ideal subjects, bodies and citizens. My unease with this project has its origins not only in a social critique of medicine and private enterprise. My concern lies in the lack of specificity of the massage models being promoted: their universalizing assumptions about the infant-body and the techniques and presumed benefits of infant massage. The measures and standards of "normal" human biology and health have been applied uncritically to various human bodies and populations; unfortunately the clinical science that produced these standards did not occur in a culturally-neutral context. A reasonable argument can be made that the assumptions about the universal qualities, needs and measures of the human body have even greater power when the objects of attention are infants. As Butt (1999) says, infants are seen as biologically consistent persons. They are conceived in western society as biological beings, subject to the innate processes of psychological development. Only as they mature and gain interactive and communicative skills, and eventually, language, are they treated as persons. Thus they are constructed as

natural objects, and as such are even more vulnerable to the application of surveillance and models of normalcy; infants are less likely to be seen as "different" (with implications of culture and individualism) and more likely to be constructed as "abnormal" when their measures differ from the standard.

The application of such standards as birth-weight, growth-rate, and measures such as APGAR and Brazelton scores uncritically and across all populations ignores what Margaret Lock calls "local biologies." In her study of menopause in Japan, Lock argues that the difference in reporting of menopausal symptoms between Japanese and American women does not result merely from different cultural understandings of menopause, rather "it is essential we recognize the plasticity of biology and its interdependence with culture" (Lock 1993:373). I argue for a consideration of local biologies, indeed local developments, in the case of infants. Consider the particulars of the uterine environment, the diet of the breast-feeding mother, the particulars of the household and external environment, all differing somewhat from household to household, but certainly differing between middle-class America or England and North India, specifically, Dehra Dun. Consider the particulars of child care, ritual treatments from birth onward and how they might differ. Finally, consider that these differences might result in babies who are also different, not merely abnormal or at-risk (although some of them might be that as well)[68]. Why should standards developed in very different circumstances (and which may be problematic even within those circumstances) be assumed to be universally applicable?

People in Dehra Dun have a very different set of understandings and expectations of what makes a child normal or healthy and how they should grow. Birth weight and

[68] It is not my intention to suggest that very small babies will not be in greater danger of succumbing to the effects of poorly-developed organs, illness or exposure, but that the reader break from the assumption that every measure be considered only in terms of normal-or-not.

size are generally considered to be of little importance. When I asked mothers how much their babies had weighed at birth, they frequently resorted to retrieving the child's hospital card, which listed its height and weight at birth, its gender, and an immunization schedule; clinic staff would check off the listed vaccinations as they were given. This lack of concern with birth weight is a notable departure from the priorities of North Americans, who place "weight" second in importance only to "gender" when sharing news about new babies. In Doon, babies as small as 2.5 or even 2 kg were considered normal as long as they exhibited the characteristics of a healthy infant. Signs of a healthy newborn were that it be physically active and that it cry vigorously, "properly." As a baby grew, it was desirable that it became chubby (although not too chubby) and that it start walking early.

Given the particulars of local biologies and developments, the imposition of a universal mode of infant massage must be addressed. Infant massage in India is characterized by considerable variability. While practice varies between households, it appears to vary particularly between regions and across seasons. Type of oil used, amount of pressure, and frequency of massage were all reported to vary, especially between north and south and hills and plains. The suggestion that one type of oil, for instance, is best for all infants in all circumstances, is problematic. So is the suggestion that a gentle massage is always better than a vigorous massage, especially given the focus in the Doon region on the importance of infant crying, and the role that crying is believed to play in developing the lungs. I occasionally wonder if I might be reassured if clinical research existed that demonstrated that the massage models promoted were even the "best" in their place of origin. The research sponsored by Johnson & Johnson pays little

attention to the effects of massage on "normal" infants, insignificant detail to the efficacy of oils, and no attention at all to the effects of different massage techniques, for instance direction and pressure of strokes. The standards for massage used in clinical research have been obscured, such that they appear to have been developed in a haphazard way. "Massage" and "touch" have been formalized and standardized without being explored or refined, but developed in such a way as to maximize their utility in marketing baby care products. I back away from my question with the uneasy realization that any model of "best" massage would erase difference and ultimately serve the hegemonic and commercial interests of medicine and pharmacy. Indian physicians, with different perspectives and priorities, are negotiating this terrain in the hopes of establishing the good in explicitly Indian forms of infant massage and in doing so reclaiming infant massage for India.

It is not my position that tradition should be romanticized or that all such massage practices are necessarily beneficial or even safe. However, the wholesale replacement of infant massage in all its variability with any medical model, be it biomedical or Ayurvedic, ignores possible differences in infant-bodies (and in local politics and histories) and specific immediate perceived needs, be they of the individual infant or related to climatic or seasonal specificities. The seductiveness of the media and the authority of medicine are increasingly defining what a normal infant is and what type of massage is needed for its production. Further examination of this issue might consider the myriad of ways that both infants and the nation are at stake when "normal" infants are being constructed according to both the physical standards of biomedicine and the

commercial interests of pharmaceutical corporations, and the ways that infant "development" in India is being tied to the development of transnational markets.

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