Modern Ceylon Studies, Volume 6:1, Jan. 1975

ENTERTAINING DEMONS[1]

Comedy, Interaction and Meaning in a Sinhalese Healing Ritual

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INTRODUCTION :

Comedy and humour, legitimately enacted within particular episodes of a ritual, are regular features of large publicly performed rituals to propitiate malign demons in the south of Sri Lanka. Indeed, comic dialogue and action can, in certain types of Sinhalese healing ritual, take up to half, and sometimes more, the usual performance time. Despite the considerable time devoted to comic behaviour in these healing rituals—a feature recorded by other ethnographers (e.g. Wirz, 1954: 60-62; Sarachchandra, 1966: 32-47)—little analysis of its significance for these rituals has been made. Where a note is made of the presence of comedy and fun in ritual, explanation appears to have advanced little beyond its being referred to as a mechanism for the release of tensions and a form of light entertainment.

While humour and fun in ritual is the narrow substantive concern of this analysis it is linked to broader and more important issues. The major theme of my argument is that comic behaviour in the rituals I observed is one of the key devices for enabling a patient's transition to health and in effecting certain necessary transformations in ritual structure as the ritual unfolds in the context of a performance. Two broad objectives are intended from such a concern.

First, consider the following questions. How does a healing ritual cure? Or better: how does the performance of a healing ritual facilitate the transition of a patient from an agreed state of illness to a publicly recognized condition

1. The field work for this paper was carried out during a fifteen month stay in Galle town in the Southern Province of Sri Lanka between August 1971 and October 1972, and during shorter stays in 1973 and 1974. I wish to thank the Social Science Research Council for a grant to cover the research expenses in 1971, 1972 and 1973. Both the Department of Social Anthropology at the University of Manchester and the Department of Anthropology at the University of Adelaide have also assisted with research equipment and covering some of the research expenses.

I am grateful to the participants in three seminars, at Manchester, Sussex and Adeliaide, who have heard versions of this material. Those who have been particularly helpful in clarifying points for me are Max Gluckman, Bill Epstein, Martin Southwold, Don Handelman, Roy Fitzhenry, Tom Ernst, Mitsuo Nakamura, Richard Webner and Adrian Peace. Two graduate students, Newton Gunasinghe and Jeff Collmann, were regularly involved in discussion with me over numerous aspects of analysis and I am especially grateful to them. I also wish to acknowledge my debt to my field assistant, Mr. Chandra Vitaranage, who aided me in all aspects of dafta collection. Finally, I also had the benefit of long discussions with Mr. Sunimal Fernando of the Department of Sociology, University of Sri Lanka, Peradeniya, who was always willing to share with me his extensive knowledge of many aspects of Sinhalese culture and his professional skill as an anthropologist.

of health? What is it in the performance of a ritual, in the organization of word and action, in the manner and form of presentation of magical incantation, in the gesture and style of dance, in the rhythm and cadence of music, which effects and eases the way for a patient and audience to reach an agreement that a cure has been achieved? It is remarkable that anthropologists have most often side-stepped these questions or given them swift and inadequate attention in those situations where they appear to be particularly applicable. Other problems have dominated the anthropological study of ritual behaviour. Among these have been the concern to unravel the logic of cognitive and symbolic sysmtes or to trace the inter-connections between action as displayed in a ritual context and other forms of behaviour outside the ritual world. I am echoing a complaint already made in a more general vein by some other anthropologists (Geertz, 1966; Kaplan and Manners, 1972) against approaches which ignore the purposes for which social activity is *explicitly* organized. My aim, therefore, is to examine the performance of a Sinhalese healing ritual for what it was—an attempt to effect the return to health of a patient. Furthermore, by examining the organization of the performance some contribution to such important questions as 'How does a healing ritual cure?' should be achieved.

It must be noted that an emphasis on the above problem clearly departs from the various structuralist and symbolicist studies of similar rituals in Sri Lanka. These studies have been concerned with such problems as the extent to which elements contained in exorcism rituals do or do not reflect a syncretistic development in the structure of Sinhalese Buddhist thought and practice (Gombrich 1971: 46-49; Ames 1964: 21-52). They have discussed exorcism rituals in reference to whether the Great and Little Tradition dichotomy is relevant to an understanding of the Sinhalese Buddhist religious system (e.g. Ames *ibid*; Obeyesekere 1963). They have also examined exorcism rituals with regard to the way their content reveals basic categories underlying Sinhalese thought (*e.g.* Yalman 1974: 115-150); the structure of the Sinhalese religious system and the placement and position of different orders of supernaturals within it (*e.g.*, Yalman *ibid*; Obeyesekere 1966; Ames 1966). These statements combined with the work of others (*e.g.*, Pertold 1930; Raghavan 1967) have provided fertile ground for debate. They have also revealed much about the structure of the Sinhalese Buddhist religious system and its relation to other aspects of social life in Sri Lanka.

These problems are important and they provide an essential basis for the type of analysis I attempt here. But they are in the main of an intellectualist nature. They are born of the particular analytical system of the anthropologist, of the debates and issues which emerge more from the discipline of anthropology than from the everyday problems faced by the people whom anthropologists study. It is ahthropologists, for example, and not, in general, Sinhalese who find the hierarchical ordering of supernatural beings problematic or who find worship at local shrines to the deities inconsistent with Buddhist teaching of the Great Tradition. Spiro expresses well the tenor of my argument when he states that in his view, 'religious ideas are not so much used to think about, or classify with, as to live by. That is they are used to provide hopes, to gratify wishes, to resolve conflict, to cope with tragedy, to rationalize failure, to find meaning in suffering. In short, religious ideas deal with the very guts of life, not with its bland surface' (1971:6).

In so far as I am concerned with how Sinhalese classify and construct their social and religious worlds, it is only of interest to me in the extent that such an exercise permits an understanding of how they manage everyday problems and difficulties—in this instance, illness.

I now come to the second broad objective of this analysis. The emphasis on ritual as cure and the part played by comedy and fun in effecting this leads me to adopt a mode of analysis which focusses on the way ritual *as a performance* controls the organization of relationships and communicates and defines meaning for those gathered at the ritual. I am not essentially concerned with what is the meaning of symbol and act at the often esoteric level which seems to engage so much anthropological discussion but with the process of how meaning is received and understood *by the participants* at a ritual. A healing ritual, or any type of ritual for that matter, does not simply derive its power of effectiveness from the formulaic presentation of ritual acts and the manipulation of objects and symbols. It operates actively on the various participants in the ritual. It strives in the context of performance not just to validate but to effect recognizable changes, received and understood by participants. Where anthropologists have tackled the way rituals bring about cures they appear to have approached the problem from either of two ways. One is the approach which views cure as automatically following on from the mechanical transformation of symbolic states accomplished by the presentation of correct stimlui. That is, cure is sufficiently accounted for by describing the mechanics of the ritual and the logic of thought which is at the basis of the ritual presentation. Another approach is to make an appeal to individual psychological processes. The ritual, for example, is an occasion for the release of repressed emotions which have led to the illness (e.g. Spiro, 1967; Obeyesekere, 1969).

As an alternative to these approaches I concentrate on the way the performance of a ritual structures the relationships of the audience and participants at the ritual gathering and communicates meaning to them. Central to the argument presented is that a principal condition. for the effectiveness of a ritual as a cure is the removal of the ideational and interactional bases in terms of which an illness is recognized, defined and sustained. As I will explain more fully later, the class of illness to which this analysis is restricted involves a patient's belief that his or her behaviour is being controlled by malicious supramundane beings. Sinhalese consider that for a cure to be effected a patient must be stripped of this belief. The beliefs of the patient must be re-adjusted in a manner more consistent with the non-afflicted members of the audience. Furthermore, once illness is recognized, it is sustained by changes in interactional behaviour, not just exhibited by the patient but also by others toward the patient. The ritual as a cure actively seeks, and does not just merely validate, a reinvolvement in 'normal' everyday interaction of the patient with those grouped at the performance. This analysis describes how one ritual effected these processes and explores a method whereby interaction and the communication of meaning among ritual participants can be studied.

Before I proceed with the description and analysis of one performance of an exorcism rite it is important that the reader gains some understanding of Sinhalese beliefs concerning the nature and cure of illness.

Theories of illness and cure:

Sinhalese Buddhists have both natural and supernatural explanations for the cause and treatment of illness. In cases where illness is treated within a naturalistic system, Sinhalese will most often have recourse to doctors trained in Western medical science or to a specialist (*vederala*) expert in traditional *ayurvedic* medical techniques. Where illness is seen to be caused by the intervention of supernatural agents, then patients or their kin will seek the services of an exorcist (*edura*), who is skilled in the 'science of spirits' (*yakshabhuta vidya*). Sinhalese do not see naturalistic and supernatural ways of diagnosing and treating illness as necessarily opposed. Indeed they are often complementary. Patients frequently will first attend an *ayurvedic* physician or a doctor trained in Western medicine. Should these treatments fail then a patient, often at the suggestion of an *ayurvedic* physician or an astrologer (*sastrakaraya*), will seek the services of an exorcist. It is not unusual to find patients being treated concurrently by an *ayurvedic* physician and an exorcist.[2]

Ayurvedic physicians treat symptoms of physical and mental disorder (Obeyesekere, 1970: 293-295) as do exorcists, and there are many similarities in aetiology and treatment between them. This, as Obeyesekere states (*op. cit.* 295) is not surprising as Buddhism and *ayurveda* are two powerful influences on Sinhalese culture. Thus a humoural theory and reference to dietary practices are important to *ayurvedic* physicians and exorcists alike in the diagnosis, explanation and treatment of disease and illness. A healthy person is seen to have a balance in the three basic body humours of phlegm (*sema*), bile (*pitta*) and wind (*vata*) and becomes ill when this equilibrium is disturbed by an excess of any one or more of these humours. For an *ayurvedic* physician a variety of factors might account for a patient's humoural imbalance, for example, dietary irregularity. Sinhalese categorize foods into two basic classes of 'heating' (*ginni ammahara*) and 'cooling' (*sitala hara*) foods. If a patient's diet has included an excess of 'heating' foods then this will cause an imbalance of the humour bile, whereas an excess of 'cooling' foods will cause an imbalance in the humour of phlegm. The humour of wind can be equally affected by a disproportion in diet of 'heating' or 'cooling' foods. An excess of wind can also be effected by an over-abundance in a patient's diet of foods which involve the admixture of oil in their preparation (*telkaema*) or of foods which are fried (*badun*). An *ayurvedic* practitioner in the treatment of a patient will seek a restoration of a healthy humoural equilibrium by recommending a balance of 'heating' to 'cooling' foods in a patient's dietary intake and by the administration of various herbal decoctions. Exorcists on occasion might offer similar advice and treatment in addition to the practice of their ritual expertise.

Exorcists, however, understand humoural imbalance and dietary irregularity as mediating, rather than primary, causes of sickness. Humoural imbalance, dietary irregularity and a host of other diagnostic factors are used as evidence of the malign attention of supernatural beings; to specify which demons and ghosts are mainly responsible for a patient's affliction, and as an explanation for why a particular patient has attracted the notice of demons. Various demons or specific forms (*avatara*) of them are directly associated

2. I recorded one case of a woman patient who after being succesfully operated on for appendicitis had an exorcism performed to remove the influence of demons which were seen by her and her kin to have been primarily responsible for her physiological disorder.

with the humours. Thus *Mahasona*, the great cemetery demon, causes an imbalance in the humour of wind, while *Riri yakka*, the blood demon, causes an imbalance in the humour of bile. Patients afflicted by *Mahasona* typically display such physical symptoms as dizziness, dysentary and vomiting. Where patients have a high fever, rapid pulse, blood in the faeces, urine or vomit, these are indicative of the malign effect of *Riri yakka*. The disease (*sanni*) demons principally affect the humour of phlegm but certain among them effect the other humours. Demons which affect the phlegm humour are indicated by such physical symptoms as white pustulent boils, head colds, bronchial congestion and so on. *Kalu yakka*, the black demon, (a form of *Kalu kumara*, the Black Prince) whose hostility is primarily directed at women, has a variety of forms, some of which affect specific humours. Of these major demons causing illness, it is only *Sunniyam*, the sorcery demon, who is not linked to particular humours, although his malign attention can lead to a general humoural imbalance.

As explained above, certain foods (vegetables, meats, fruits, sweetmeats, and their manner of preparation) are related to humoural disorders and on occasion are associated with demons and ghosts. Fried foods (*pulutu*) and roasted meats (*goda diyamas*) are given as offerings to demons. Particular demons are regarded as having especially powerful effects at certain times of the day or night and the consumption of various kinds of food at these times can precipitate a demonic attack.

An exorcist might consider in his diagnosis not just physical symptoms, dietary pattern and the time of attack but also many other factors, such as the place when the demonic attack was first experienced, the nature of a patient's dreams, and the patient's fears and suspicions. Thus demons are likely to attack at specific places like cross-roads, wells, river crossings and cemeteries. Demons like *Mahasona* can assume the form of a dog, crayfish or a pig and make their appearance in this guise in the patient's dreams. Other demons, such as *Sunniyam*, can force their malign attention on a patient as a result of black magic or another person's eye, mouth or thought evil.

I have compared exorcist and *ayurvedic* approaches to illness and its diagnosis in terms of the former's primary emphasis on supernatural causation and the latter's stress on the operation of natural factors. Exorcists stress that they deal with illness insofar as it is believed to be the result of a patient's real or imagined understanding that the illness has been caused by the malign attention of demons and ghosts. As such it is the main aim of an exorcism to cut this relationship between them and a patient. While *ayurvedic* physicians do, on occasion, treat what they consider to be aspects of mental disturbance, this is not a major concern. Exorcists, however, regard the treatment of the mental attitude of the patient as an important aspect of their skill. Demonic attack creates, in their view, mental disturbance. Demons are understood to afflict people when they are alone (*tanikama*) and the term, *tanikam dosa*, as Obeyesekere notes (1969: 176), is often used as a synonym for illness caused by demons (*yaksha dosa*). *Tanikama* is a term which refers not just to the physical aloneness of a patient but also to a patient's psychological aloneness, both being a precondition and a consequence of demonic attack. Given this view, therefore, an exorcism can be seen as an occasion and a means whereby the physical and psychological aloneness of a patient is ended.

That exorcists consider that an important aspect of their treatment is to work upon and effect a transformation in the mental attitude of a patient, is evident in their own views concerning the likelihood of the curative success of an exorcism in relation to particular clients. Thus exorcists dislike treating young children, especially those who as yet cannot talk. In these cases, they argue, the patient cannot comprehend certain important elements of an exorcism performance and thus the exorcists cannot easily effect adjustments in a mental attitude. Exorcists also try to avoid dealing with cases where the patient's behaviour is clearly determined by a marked physiological condition. This points to a crucial aspect of the treatment of illness of exorcists. The interpretation or understanding by exorcists of a patient's mental state is largely based on behavioural cues (facial expression, body movement, *etc.*.) emitted by a patient. Certain expressive actions of a patient are expected during specific points in a performance and are amenable to standardized interpretations by exorcists and audience. Thus such patient behaviour as apparent listlessness or trembling of the body and limbs indicates a total involvement of the patient in a malign supernatural world. Alternatively, when a patient laughs or is amused at the comic antics of exorcist-actors, this behaviour indicates to exorcists and audience alike that the patient is distanced, has become separated from an involvement in a world of demons and is overcoming his or her fear. The expressive actions of a patient constitute signs, the interpretation of which enables others at the performance to arrive at an understanding of the patient's current mental state and changes in it as the ritual proceeds. Very young children, I suggest, are less likely to evince patterned behavioural responses to the performance enacted around them or, at least, responses which can be easily located within a standard set of expectations of exorcists and audience. They are not as likely as older children or adults to react expressively in apparent or real fear during the frightening episodes or to laugh when the action before them is plainly intended to be comic. There is a definite sense in which older children and adults know how to behave as patients who are being subjected to a cure by exorcism. In the course of their language acquisition and through being spectators at other exorcisms, which are a regular feature of their social environment, they have learnt the expected and proper cultural modes of expression for their patient role. The significance of a patient's behavioural cues and the way these are read by exorcists and audience during an exorcism is an important aspect of my later analysis.

The moment of onset of demonic attack is usually traced by exorcists to a specific past experience whereby the patient suffered a sudden fright or shock. This fright indicates that a patient has been caught in a demon's gaze or eyesight (*disti*) and this demonic gaze is considered by exorcists to be the primary cause of disequilibrium in the patient's body humours. The gaze of the demon must be broken for a patient to return to a healthy state and it is towards this end which is the major objective of an exorcism. As Waxler (1972: 2) has stated, Sinhalese generally do not attribute responsibility to a patient for becoming trapped in a demon's eyesight. Demons are capricious, bloodthirsty, grasping and greedy and appear to act willy-nilly. Anyone is a potential victim. It is in the pursuit of normal everyday social activities that human beings become exposed to the danger of attack. Everyday contact with impurity, in the course of work, in cooking and domestic tasks, attending a funeral or puberty ceremony, can result in the attention of demons. Demons are normally attracted by impurities. It is, after all, the offering to demons of impure foods during an exorcism which lures them to the ritual site. Sinhalese note that women are more often afflicted by demonic attack than men.

They explain this not just by commenting that women as a category are more impure than men and, therefore, can expect to attract greater attention from demons, but the nature of women's domestic tasks and of their day to day social responsibilities is viewed as bringing them into more frequent contact with impurities and because of this with demons and ghosts, too.

While patients are not held responsible for the onset of demonic illness, in the view of exorcists, a continued attitude of mind, expressed by a patient's persistent fear of demons, can interfere with or negate the attempt by exorcists to sever the link between a demon and a patient. A patient's continuing fear is both symptomatic of and conducive to the maintenance of demonic control. Thus a considerable onus is placed on the patient, particularly in the closing stages of an exorcism, expressively to divest himself or herself of an overriding fear of demons.

The expression of fear of demons by a patient indicates to exorcists, kin, neighbours, friends and acquaintances that the patient as a sufferer from demonic illness is constructing a supernatural environment and his or her relationship to it in a specific way. A healthy person is understood by Sinhalese to view the supernatural order as being dominated by the Buddha. Below the Buddha is a myriad of deities, the most powerful among them being the Four Guardian gods (Saman, Nata, Vishnu and Kataragama). Subordinate to these deities is a host of demons followed by ghosts. Deities and demons are conceptualized as inhabiting their own distinct and separate 'worlds'. These 'worlds' are independent of but nonetheless affect the world inhabited by human beings. Human beings in relation to the supernatural order occupy an intermediate position in the hierarchy between deities and demons. While deities are considered to be superior to human beings, the latter, in the normal order of things, are viewed as superior to demons. Demons and ghosts are subject to the control of the Buddha and deities and also to human beings who act with the assistance of the Buddha and specific deities. The superiority of human beings over demons and the ability of human beings to control them is expressed in a belief that demons can be tricked and caught in a variety of subterfuges exercised by human beings. The fooling and tricking of demons is a constant element of exorcism rites. The sub-ordination of demons to human beings is also expressed in the attitude of healthy Sinhalese which depicts demons as figures of fun, objects of denigration, gross in form and foul in behaviour.

A patient who is frightened by and who expresses fear of demons indicates an alternative view of the supernatural order and his or her relationship to it. Thus demons are no longer seen as clearly subordinate to deities. They are elevated in status and are regarded by patients in a manner similar to deities. The early stages of an exorcism ritual, as I will describe, confirm this and involve the treatment of demons in a manner similar to the way human beings interact with deities in the various shrines (*devale*) to them. Fear of demons indicates that they have control over human beings and are superior to them and not *vice versa*. Demons, being seen to subject a patient to their control, have broken free from their proper place in a natural and supernatural hierarchy and are no longer restrained by their position in it.

It is the aim of an exorcism, therefore, not just to cut the controlling relationship of demons over a patient through magical rites and with the aid of the Buddha and various deities—a major concern, also, is to remove the basis

of a patient's fear, to deny the principles whereby a patient attributes meaning and significance to a variety of experiences, objects, actions of self and of others, which crowd a patient's daily life. This is done, in the large-scale exorcisms of the type I describe here, by counterposing a reality as understood to be defined by a patient to a reality as it should be defined by normal, healthy unafflicted people. Such a reality defined in an exorcism involves a reassertion of the proper ordering of the supernatural worlds and the relationship of human beings to them. Furthermore, it demands that a patient does not relate every aspect of personal experience to the operation of supernatural forces but comes to see aspects of experience as often merely related to the normal workings of a mundane world unaffected by the supernatural.

I have so far stressed a focus on the patient who must in the course of a large-scale demon exorcism be rid of a fear of demons and redefine reality in a manner consistent with that of unafflicted others gathered at the occasion. But I also emphasize that an exorcism seeks a redefinition by the unafflicted members of an audience of the patient's condition. The diagnosis of a patient as ill constitutes a labelling process whereby others come to see a patient as suffering from a particular kind of demonic illness. As a result of this process kin, neighbours, *etc.* interpret aspects of the patient's behaviour in terms of control by demons. This provides a cultural mode by which a patient can express and render comprehensible to others personal behaviour and difficulties. There is a sense whereby a patient comes to play the role of a sufferer from demonic illness in line with the progressive definition of the patient in this mode by others.

An illustration of this is given by the patient who was at the focus of the particular ritual I describe. The patient was a young unmarried girl of eighteen. Her father was a dock worker at Galle harbour. Some three months prior to the performance of the exorcism arrangements had been finalised for her marriage but shortly after this she started to complain of dysentery and sharp stomach pains. She also began to have bouts of dizziness. Her parents took her to the local medical clinic and later to the *ayurvedic* physician. Despite injections of antibiotics and the administration of a variety of herbal decoctions her illness continued. Worse, she began to withdraw from what was considered to be normal sociability and kept quietly to herself. The intended groom and his parents began to have doubts about the girl's suitability for marriage. An astrologer who had matched the horoscopes of the girl and the intended groom, and who had declared them suited for marriage, was again consulted. He suggested that the girl might have been attacked by demons or ghosts and that the services of an exorcist should be sought. Neighbours gave support to the astrologer's suggestion and avoided contact with the girl. This is a usual procedure when someone is suspected of being attacked by demons. A local exorcist was called in by the girl's father and upon questioning she revealed that at the time of the onset of her illness she had been frightened by a loud noise at the rear of her house. She went on to state that she dreamt she was claimed and married to *Mahasona*. The exorcist performed a small offering to *Mahasona* but the illness persisted. In fact it became worse. When visitors came to the house she fled the room and cowered trembling in a corner. She refused to eat. It was now widely held in the neighbourhood that the girl was afflicted by *Mahasona*. The parents of her intended spouse suggested that the wedding be called off. The exorcist was again called in and informed the girl's household that a full exorcism for *Mahasona* should be performed.

This was agreed to and a thread (*nula*) was tied by the exorcist around the girl's wrist, which momentarily relieved some of the symptoms of the illness and was testimony of an exorcism being held within a seven day period.

Two points can be noted. First, the patient's behavioural symptoms developed progressively with kin, neighbours'and others' definitions of the girl as suffering from demonic illness. The girl only declared that she thought it was *Mahasona* after opinion in the neighbourhood began to suggest the work of demons. Furthermore, it became critical that the public definition of the illness be destroyed, for not only was the marriage threatened, but also the generally received definition of the illness was creating the very conditions for its continuance. Thus one symptom of demonic illness is a patient's wish to remain alone, but a public response to isolate a patient confirms the patient in a particular illness career. A full-scale exorcism in that it typically attracts a large gathering of spectators establishes, as I will demonstrate, the conditions for the subversion of patient and audience definitions and a context for the ending of a patient's social isolation.

Secondly, but related to the above, the definition of illness I have recounted is suggestive as to when, in the process of seeking a cure, a full-scale exorcism is likely to be performed. Every case of demonic attack does not result in the holding of a full-scale exorcism involving the performance of elaborate dancing and dramatic acts. There is a vast number of smaller or less elaborate rituals employed to exorcise demons or ghosts. Exorcists hold the opinion that full-scale exorcisms are the most effective in eliciting cures. But aside from this, my own observations indicate that elaborate exorcisms are usually held not just in the case of obvious illness, *e.g.* clear physical conditions unresponsive to Western or traditional modes of naturalistic medicine, but at the point when there is widespread understanding and talk in the community that an individual is suffering from attack by demons. The key to this argument is that full-scale exorcisms are public occasions, performed outside in the open, whereas the various less elaborate exorcisms are smaller affairs usually restricted to members of the immediate household and typically performed indoors.

The Structure of Major Exorcism Rituals

The full-scale *Mahasona* exorcism which I describe is a member of a wider class known as *yak tovil*, of which there are many (*see* Wirz, 1954; Obeyesekere, 1969; Kapferer 1974) and which share a similarity in their developmental structure. Thus all begin with the offerings before the patient to various ghosts and demons followed by elaborate dance sequences and finally comic dramatic acts. Each deals with a particular form of illness and is held for one specific demon, although other demons are propitiated in the course of the ritual. Exorcism rituals of a particular type are distinguished by the specific display of ritual structures at the ritual site, by the way these are constructed and by the character of some but not all of the dances and dramatic scenes presented in the performance. Some dramatic interludes of the *Mahasona* exorcisms which I witnessed, for example, were by no means specific to it. Thus most *Mahasona* exorcisms contained sequences which involved the dramatic masked portrayal of the eighteer disease spreading (*sanni*) demons (*dahaata sanniya*), a sequence which is held by exorcists to be specific to the *Sanni Yakuma* exorcism. Indeed, according to the theories of exorcists these dramatic sequences should not be included in an exorcism designed to assuage the malign intent of *Mahasona*. This aside, however, the *dahaata sanniya* is now a regular feature of

Mahasona performances, at least in the area of Galle town in the Southern Province of Sri Lanka where I conducted fieldwork. However, while I regard the performance of the *Mahasona* I describe as generally typical for the area in which I worked, it must be stressed that there are variations in performance from one occasion to the next. This relates both to the particular aspects of a patient's illness and to the local tradition within which the exorcists learnt their skills. Dependent on such factors as these is the inclusion or exclusion of certain rites. It is possible that some of the differences between the performances I observed and those recorded by others elsewhere in Sri Lanka could relate to the fact that I recorded many performances within an urban area. However, exorcists living in town are also hired to do work in rural areas and my evidence indicates that where the same group of exorcists was employed they held to much the same pattern of performance.

As full-scale exorcisms are basically similar in the nature and sequencing of ritual acts, they are also similar in the way activity is organized within them. The ritual activity in the early exorcism sequences, centres exclusively on the patient and members of the patient's household. This is a period when the main offerings are administered to ghosts and demons, the principal protective and curative mantras are uttered, and the relationships between patient and malign supernatural beings magically severed. It is a period within which the exorcist uses the bulk of his esoteric knowledge in achieving a cure and where exorcist performs a central role as a mediator between the patient and the supernaturals which are believed to have caused the illness. During this period, involvement of others in the audience in the ritual activity is largely excluded, and indeed, over this period the audience is relatively small compared with its size at later stages in the performance. Gradually the audience assumes a greater importance in the ritual and becomes more involved in the performance. Whereas previously only a small area of the performance arena was used, now, as a result of the elaborate nature of the performance, the whole arena comes into use. Exorcists continue in their mediatory role between the patient and the supernatural but also the patient is brought into a direct confrontation with the principal instrument of the illness. The later episodes of the ritual, particularly those employing the use of comic drama, constitute a development towards a subversion of the premises upon which the illness was initially defined and legitimated. This is effected and facilitated by the active introduction of the audience into the ritual proceedings. The definitions which healthy Sinhalese should have of the ordering of a supernatural reality and the way these relate to the mundane activities of human beings are introduced into the ritual occasion through the participation of members of an audience. This is a principle means whereby what is understood to be the patient's construction of a situation is subverted and the premises which initiated and guided the organization of behaviour and meaning in the early rites dissolved and dissipated.

I now turn to a consideration of the performance of an exorcism for the young woman whose case history I referred to above. I begin by describing the preparations for the ritual and then give a descriptive account of the ritual. This is followed by an analysis of the performance.

The Exorcist Troupe and Ritual Preparations

Exorcisms are mostly, though not exclusively, performed by members of the Sinhalese *berava* or *oli* castes who are placed low in the ranked hierarchy

of castes on the island.[3] Exorcism performers are normally hired by the exorcist who has been approached by the household to cure the illness. This occasion was no exception and the exorcist-organizer was a man well versed in occult knowledge and in the art of uttering mantra. He was to be primarily responsible not only for the singing and chanting of songs and verses calling demons and ghosts to the ritual site, the management of offerings, *etc.*, but also for the timing and organization of the sequencing of a variety of ritual acts. For the occasion, the exorcist-organiser hired seven other exorcists who were drawn from within his network of kin. He hired two drummers, three dancers, an actor renowned in Galle for his dramatic presentation of the *Mahasona* demon, and a ritual assistant (*madu puraya*) whose main tasks included the cooking and preparation of food offerings. The ritual assistant was to be on hand throughout the performance with such essentials as a brazier of hot coals and a basket of tree resin. This resin (*dummala*) is either smoked on the brazier like incense or burnt in great orange flashes of flame on cloth torches (*pandam*).

The exorcists arrived at the patient's home early in the afternoon but a variety of ritual preparations was already well under way. Women drawn from the local neighbourhood had been busy from the early morning bringing foodstuffs to the household as gifts and preparing food to be given to those who would come to witness the exorcism that evening. Male relatives of the patient had been engaged in cutting wooden struts, coconut palm leaves and banana tree trunks to be used in the making of a number of ritual accoutrements.

Upon their arrival the exorcists immediately began to make some of the ornaments to be worn by the dancers and actors, and other symbolic objects to be used in the exorcism such as the *igaha*[4] or arrow of *Isvara* (Shiva), and drums, an umbrella, a flag, a horn, *etc.*, employed in one of the acting episodes. Food offerings were cooked and offering baskets woven, and important structures, such as the *Mahasohon-vidiya*,[5] conceptualized as the palace of *Mahasona* and his followers, the *Sunniyam* or *Pillu-vidiya*,[6] and the offering table for the major deities,[7] (*mal yahanava*) were constructed.

3. Members of other castes, but not necessarily from castes low in the social order, organize troupes and perform in ritual dramas (*see* Wirz 1954:15). Information collected in Galle town, indicates that most exorcists and other performers are from the *berava* caste. An examination of the genealogies of exorcists also shows that *berava* who specialize in exorcism have a long tradition of involvement in this art. Individuals from other, socially higher, castes, such as *karava* and *goigama*, usually have short exorcism traditions. Furthermore, these individuals have often learnt their exorcist skills from *berava* or *oli* (another caste from which, in Galle, are drawn a number of astrologers and exorcists). Many of the exorcist troupes I observed and which were organized by *berava* often had high caste members participating in them. I was told that these individuals were learning the essential skills of exorcism.

4. The *igaha* is an indispensable instrument of the exorcist. 'It is a round stick about one metre in length, decorated at one end with folded strips of palm leaves and panicles of areca-palm flowers. Moreover, a copper coin wrapped in a piece of cloth (usually white) is always tied to it as an offering (*pandura*). While performing the ritual the exorcist has the *igaha* close at hand the whole time. At times, he dances with it, but he uses it particularly to wave over the patient in order to sweep away the adherent germs of illness' (Wirz 1954:51fn.) After the ritual it is kept in the roof of the patient's house as a continued protection. When it becomes dry it loses its effectiveness and is removed.

5. *Vidiya* (Sanskrit: *vithi, vithika*) means street or a house in a street. As understood by the exorcists and audience it refers to the palace of a demon (*see* Wirz 1964:48n).

6. *Sunniyam* (or *Hunniyam*) is the demon of black magic (*kodivina*). *Pillu* or *pilluva* is a special kind of black magic akin to *kodivina* but regarded by some as more effective and dangerous than the latter (*see* Wirz 1954: 203:206).

7. In this performance and in most other similar performances witnessed lamps are lit and flower offerings placed to Gautama Buddha, Vishnu, Kataragama, Saman, Nata and Iswara. The middle four deities are the Four Guardian deities of Sri Lanka.

The *Mahasohon-vidiya* is the most important structure and is approximately eight feet square and six feet high. It is built to a precise geometrical pattern and the roof framework has a marked similarity with *yantra*, geometrical designs possessing magical properties drawn on copper foil, worn as amulets to guard against the evil influence of *Mahasona*[8]. In the centre-front of the *vidya* is a vivid painting of *Mahasona* drawn on banana trunk, and representing him standing on a wild boar, his vehicle, and drinking the blood of an elephant, which he holds across his shoulders. On a ledge above the painting is a small earthen pot covered in white cloth and containing offerings to God *Mangara*, the deity who is believed to be directly responsible for controlling *Mahasona's* action.[9] The remainder of the area within the *vidiya* is kept clear. It is from within the *Mahasohon-vidiya* that the actors and dancers will emerge into the performance arena. The location of the major ritual structures and offering tables (see Diagram 1) marks the boundaries of the performance arena (*sima-midula*). Chairs, benches and mats for the spectators are placed on

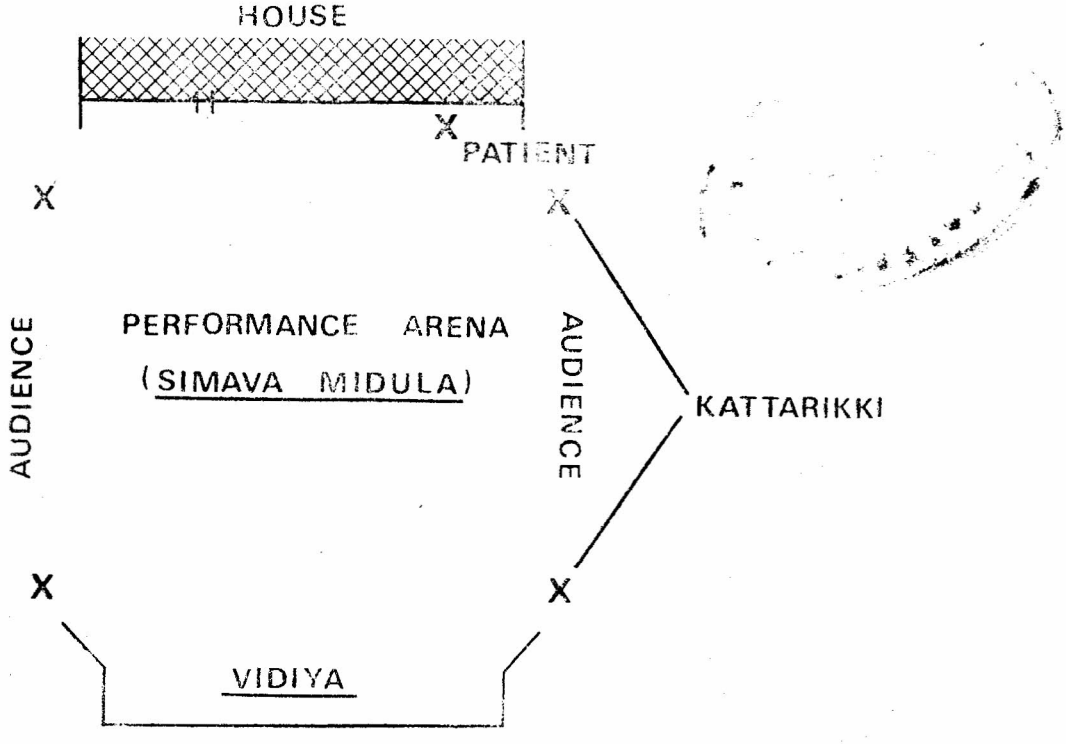

DIAGRAM 1. THE SETTING OF AN EXORCISM.

either side of the *Mahasohon-vidiya*, between it and the house verandah, along the boundaries delineated by the other structures. With the final preparatory finishing touches and the positioning of the ritual structures the stage was set.

8. The *Sunniyam-vidiya* and some of the offering baskets for the demons are also constructed in the form of *yantara* designs relating to the specific demons concerned.
9. Mangara, according to one tradition, and documented in Wirz (1954:51fn) is the father of Kataragama. The latter is the most important deity in Sri Lanka.

The ritual frame was physically established. As evening approached pressure lamps were lit illuminating the scene and the audience gathered, and grew in number to 300 as the evening advanced. As is usual for most publicly performed demon rituals I have observed, men and young boys sat or stood around the perimeter of the performance area. Women mostly remained inside the house, behind the patient, and looked through the doorway or peered through the windows.

The Performance

Diagram 2 gives the ordering of the major ritual episodes and the nature of the organization of patient, exorcist and audience activity into the performance.

Drumming began at sunset (approximately 6.15 p.m.). Verses (*Namaskaraya*) were sung in honour of Buddha and the Four Guardian deities (Vishnu Kataragama, Saman and Nata) by the presiding exorcist accompanied by other members of the troupe. The patient, dressed in white, came forward and was ritually seated (*leda vadi karanava*) on the front porch facing the *Mahasohonvidiya*.[10] Various objects were placed in front of the patient on the mat upon which she was seated, objects which are conceptualized as containing curative properties against the malicious and capricious effects of demons and ghosts summoned to the ritual.

Following this a basket which contained offerings to the ghosts of the dead ancestors (*preta tattuwa*) was brought forward. All these activities were completed by 7-30 p.m. There was now a lull in the proceedings as members of the exorcist troupe sat themselves in the middle of the performance arena to be served food by members of the household and to eat. Kin, neighbours and friends who had been slowly arriving during these early stages of the performance entered the house for food and refreshments.

At 8 o'clock a long sequence of ritual episodes began (*sande piddene hatara*). Chairs were positioned before the patient on which were placed the offering baskets to the particular demons propitiated. A white cloth (*kada turava*) was held by two young boys of the household between the patient and the offerings. The patient's father sat with her on the mat and placed offerings on her behalf in the offering baskets for each of the demons propitiated as they were presented to her by the senior exorcist. The exorcist, bare chested and wearing a white sarong belted by a red sash, swayed to and from before her. He carried Iswara's arrow (*igaha*) in his right hand, its tip pointing over his shoulder in the accepted and proper position. From time to time he passed the *igaha* over the patient's body. In his left hand he carried a reed whistle (*vas danda*). Mantra were intoned and songs sung praising the demons, telling of their history and relating their myths of origin. A slow rhythmic drumming accompanied the exorcist. These sounds of mantra, singing and drumming were regularly punctuated by the high pitched tone of the reed whistle. Powdered tree resin (*dummala*) was smoked around the offering baskets (*dung allanava*). The shrill sound of the whistle and the pungent smell of the smoking

10. The patient was seated on a bag made from rushes (*malu pita*). Ideally it should be a bag which has not previously been sat on and is pure. Objects are placed on the bag, in front of the patient, such as a rice pounder, (*mol gaha*), a coconut (*pol gediya*), some leaves (*tolobo*), a piece of creeper (*hi rasa*) and a fistful of country rice (*hal*). These objects both absorb the illness from the patient and act as a barrier between her and malign spirits, preventing them from taking her.

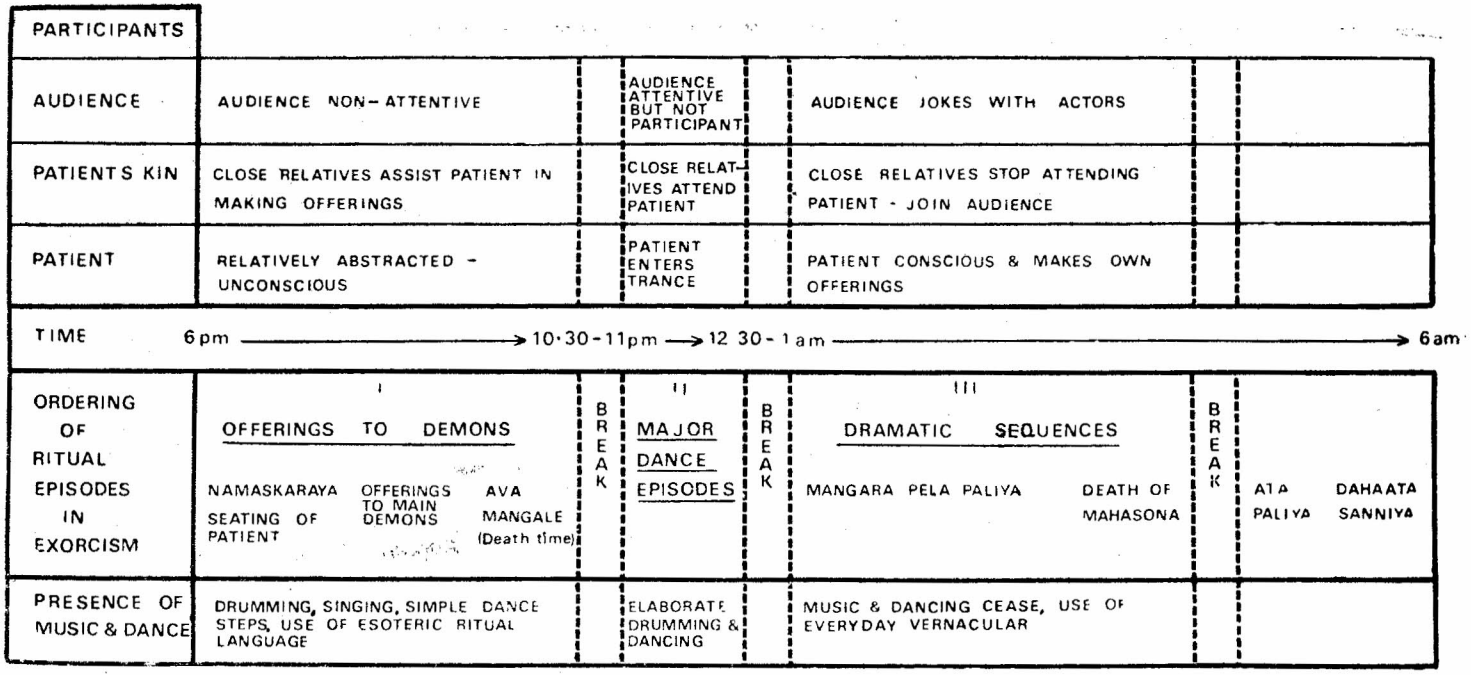

DIAGRAM 2. THE PLACEMENT OF MAJOR RITUAL EPISODES IN THE MAHASONA EXORCISM.

resin in the view of the exorcists is pleasing to demons and attracts them to the exorcism. The demons thus summoned by the exorcist to the scene ritual were asked to accept the offerings and remove their influence from the patient. Occasionally the exorcist held a black cock, which was lying near the patient and offerings, and asked the demons to take it. The offering baskets for each of the demons propitiated were presented separately and when the mantra and songs relating to the specific demon concerned were completed, the offering basket was removed to a stand (*kattarikki*) occupying one of the corners of the performance arena. As each offering was completed the exorcist shouted 'Long Life' and this was chorused enthusiastically by the patient's kin, and particularly by the young boys, grouped near her. Offerings were presented to four demons in the following order: *Kalu Yakka* (a form, *avatara*, of *Kalu Kumaraya*—the Black Prince), *Riri Yakka* (the Blood Demon), *Sunniyam Yakka* (the demon of black magic), and finally, *Mahasona*. All the offerings were made as the time approached 9 o'clock in the evening. This is the time believed by exorcists to be one much favoured by demons and thus the period when they will most likely accept the offerings.

The offering to *Mahasona* finished at 9-45 p.m. The *ava mangale* (death time) episode now began. The drumming which had accompanied the earlier sequences stopped and a rolled mat was brought forward. Songs were sung recounting the history of the mat and resin was smoked around it. The exorcist lay down on the mat before the patient, in the manner of a corpse with his feet resting on the end where his head should normally be if he had assumed a sleeping position. He blew a reed whistle while mantra were intoned and while fumes of smoking resin were drawn down the length of his body. An offering basket to *ava mangale Riri Yakka*[11] was placed on the exorcist's chest while on the ground beside his head, chest and feet, the three points were according to ancient custom the mat should be tied around the corpse, ofierings were cooked. Grain was roasted in an earthen pot and an egg fried in the cranium of a skull. While mantra were being uttered the exorcist took the *igaha* and drew it down the patient's body. This action, according to exorcists, draws aspects of the illness from the patient to the exorcist and this is in turn transferred to a cock placed near the exorcist's feet. This is done by the exorcist's touching it with the *igaha*. This particular episode is an example of one of the many subterfuges which exorcists play on demons. By it, exorcists hope to decieve a demon into taking the cock, a two legged animal, and not the patient or the exorcist. The episode ended at 10-50 p.m. and close male relatives of the patient took hold of the mat, and amidst exaggerated cries of mock mourning carried the exorcist to the edge of the performance arena near to the *Mahasohon vidiya*. There was now a short break while the actors prepared for the next episode.

Until this period, the ritual activity had been focussed on the relationship between patient and exorcists, in their role as mediators between the patient and demons, and to a limited extent focussed on the patient's close kin. Most of the ritual action had been conducted in a space extending into the performance arena not more than five feet from where the patient was seated. No attempt was made by the exorcists to involve the audience who remained passive onlookers, or else were participating in other activities, talking among themselves, playing cards, *etc.* The drumming and dancing of the exorcists had hitherto been unspectacular and they were turned towards the patient. This

11. There are nine forms of *Riri Yakka* and this is one of them.

contrasted with the activity in the succeeding ritual episodes in which the whole performance arena was used and the audience was progressively more actively involved in the joint ritual effort.

At 11 p.m. the main dance episodes and a critical phase of the ritual performance began. That the performance was moving towards a crisis, was heralded by the heavy and rhythmic drumming of the *magul bera*, a drum rhythm played on most major religious, ritual, ceremonial and political occasions. The dancing was on the point of starting when two members of the audience, one a distant female relative of the household and the other a male neighbour, broke through the assembled gathering. They danced possessed. The woman was only removed after the exorcists agreed to perform an exorcism for her in seven days time and after a thread (*apa nul*) had been tied. The neighbour eventually collapsed and was carried inside the house. The performance had been badly disrupted and the drummer began again to beat the *magul bera*.

The dancing now began and the dancers swirled ever faster around the arena and carved elaborate patterns in the air with flaming torches (*pandam*). Powdered resin was thrown onto the torches (*kila karanava*) and great clouds of burning orange fire illuminated the darkness. The patient began to tremble uncontrollably. She rose in a trance and dancing to the deafening beat of the drums moved into the performance arena. The dancers gathered and danced around her and drew her towards the *Mahasohon-vidiya*. At last she collapsed into the arms of the senior exorcist. Pure yellow-root water (*kaha diyara*) was sprinkled on her face, a lime was cut at her forehead, her head and brow were touched by an exorcist holding the *igaha* and more mantra were uttered. The exorcists see these actions as drawing out the illness, soothing and calming the patient. They are methods for controlling the patient's behaviour and they assist generally in bringing the patient successfully out of a trance and expunging impurities from her body. The dancing continued for a short while and then finished with each of the dancers performing a few short dance steps (*adawe*) and singing short songs in return for a small cash payment from the patient's father and brother and selected members of the audience.

Other short dance and exorcism episodes (*kukulu pade* or *samayam* (*kirima*) followed. The tension created during the preceding episodes subsided only to be increased once more. A solitary dancer performed this episode. He took the cock which was lying on the ground before the patient and moved backwards to the painting of *Mahasona*. The cock was smoked with burning resin from a brazier held by the troupe assistant (*madu puraya*). The dancer, masking his face with the cock, rushed towards the patient. She recoiled in apparent fright and hid behind her brother who consoled and comforted her. It was stated by the exorcists that the cock would absorb aspects of the patient's illness. The recoiling of the patient during this episode was interpreted by exorcists and audience that she was 'seeing' *Mahasona* in the face of the dancer masked by the cock. This dance episode was repeated twice more and each time the power of the dance to effect a cure increased. A lime was cut at the end of each dance and thrown in the air and fell with the cut halves facing downward. This was an auspicious sign which was understood by the audience to indicate that the patient would be cured.

It was now 12.30 a.m. and a lull settled over the proceedings while the performers took light refreshments. At 12.45 a.m. the first major dramatic episode employing an elaborate dialogue began. It was the *Mangara Pela*

Paliya[12] or the twelve entertainments (*dolos pela paliya*) in honour of God Mangara. An exorcist actor engaged the main drummer in an extended verbal interchange, while he introduced various objects. As in the preceding episodes the patient was seated on the mat in the front porch of her house.

The episode began with the chanting of a mantra requesting Mangara's assistance in ridding the patient of her illness and controlling the malicious intent of *Mahasona*. The exorcist came forward, placed two torches at either side of the *Mahasona painting and with hands clasped before his chest—a gesture symbolizing respect towards a god-bowed* his head quickly before the painting. The tone of these actions was serious and solemn and contrasted with the behaviour which followed. A strip of coconut palm leaf was taken by the exorcist from the roof of the *vidiya*. It represented a document of authority (*sanas patraya*) dictating that a series of twelve entertainments in honour of God Mangara must follow. The act of reading the document quickly dissolved into farce enjoyed equally by both exorcists and audience. The exorcist struggled with deciphering the script. 'What's this letter?' he enquired, 'It looks like a monkey resting against a stick'. 'Aah' replied the drummer, 'That's *ayanna*'—the first letter in the Sinhalese alphabet. 'What's this next letter?', continued the exorcist, 'Why, it looks like a crayfish'. 'That's the letter *Sri*' returned the drummer. This reply was immediately mis-interpreted by the exorcist who construed *Sri* as *Riri*. *Riri* has a number of meanings in Sinhalese. It is the term of reference for one of the most feared of the demons—*Riri Yakka*, the blood demon. While '*Riri*' means blood in colloquial usage, it also refers to the act of defaecation. Of course these senses are linked. *Riri*, along with many of the other demons, is associated with dirt, uncleanliness, pollution. The drummer, having heard the exorcist mis-interpret his utterance of Sri as *Riri* directed the exorcist into the specific defaecation sense of the word by uttering 'Early morning'. The exorcist then elaborated on this, eliciting much laughter and general amusement from the audience, by asking the drummer if he had defaecated on the beach that morning.

The jokes to which I have referred—comparing Sinhalese letters with a monkey against a stick and a crayfish, and the reference to the Sinhalese, or more especially a working class Sinhalese custom of performing morning ablutions on the beach, are widely appreciated jokes in Sri Lanka, among people from all social strata.

Many more jokes followed until finally the exorcist revealed that twelve entertainments must be performed.

Drummer:	Hurry up and tell us what the document says.
Actor:	Do I have to be truthful? The document says that twelve men must clean the paddy fields.
Drummer:	The harvest is over and any amount of cleaning can be done.
Actor:	Really?
Drummer:	Why there is little trouble—even the *ipanella* can be seen. (Laughter from audience. The word *ipanella* is ambiguous—in colloquial usage it can refer to the stubble in the paddy fields after the harvest or a clitoris.)

12. This dramatic episode is also performed in public rituals in honour of the deities such as the *Gam Maduwa* and the *Devol Maduva*. See Wirz (1954:160) and Yalman (1964:143).

Actor: How can you clean an *ipanella*? Why do you say this—do you want to be strung up?

Drummer: No—we must perform twelve acts.

Actor: Do you know why we perform these twelve entertainments? In the procession a cloth canopy is held overhead. A cloth is laid on the ground and there are curtains all around, umbrellas, flags, *sesat*, *chamara*, horns, the sound of *hevisi*, stick players (*li keliya*) and the sound of a violin (*veena nādeyak*). A charmed elephant also goes in the procession and some fried food for a dark god—that's all. It says here in the document that the procession should go on for a full Sinhalese day.

Drummer: Go ahead—that's only short work.

The reason for the entertainments—that they would please God Mangara and gain his aid in controlling *Mahasona*—were explained and then were performed in the following order: the presentation of a white cloth representing a canopy, an umbrella, a flag, a *sesat* (or disc representing the sun and moon, combined with a chamara or yak's tail), a horn or trumpet, drums, a lime juggling sequence, the playing of a stick game, the playing of a musical instrument, the tying or taming of an elephant (*et bhandinna*), the tying or taming of a wild buffalo (*mi bhandinna*). The performance of these acts, the emblems or objects presented and their particular sequential ordering (in other performances of the *Mangara pela paliya* conducted by different exorcist troupes I observed almost no variation in this ordering) resembled the numerous religious processions both large and small which can be seen in most parts of Sri Lanka. The umbrella, *sesat*, trumpet and drums are all objects carried and played in religious processions, and the actions performed with them were mimed. The elephant and buffalo were played by small boys drawn from the audience.

The performance of each act began with the actor taking the object to be presented up to the patient and showing it to her. The end of each act was signalled by the actor over-elaborating his performance. He appeared to have lost control over his behaviour and the object he had been carrying was broken and destroyed. The act was then completed with the actor again going before the patient and passing the broken object three times over the patient's head, then returning to the *vidiya* and placing the object on the roof. He bowed with hands clasped at chest height before the offering to Mangara while the drummer chanted a verse calling on Mangara's assistance to cure the patient. Another object was then taken and a new act begun.

When each object was presented, the drummer frequently announced to the audience what the object symbolized or represented. Sometimes the actor was asked what he was carrying. Thus the actor presented the *sesat-chamara*. 'Is that the *sesat*?' asked the drummer. 'What did you say?' replied the actor, 'a *sesatek*?' Members in the audience laughed for the actor had confused the word *sesat* with another, *satek* which means a creature. The fun was then elaborated and the actor uttered that he would like to catch a *sesatek*, especially a rich one. This theme was then extended. Where would the actor keep it, if he caught one? How would he feed it? Reference was made to the high cost of living in Sri Lanka, the divisions between rich and poor, the suggestion that even lowly creatures cannot find enough to eat, let alone human beings.

At another point in the episode when a small double drum, known as *tammatam*, played with sticks, was presented, the occasion once again consisted of much joking and fun. The actor first mimed playing it slung at the normal position round his waist; he then swung it over his back and round again to the front but this time at chest height where now the drum clearly represented a woman's breasts. They swayed to and fro. The audience exploded into laughter. The drum dropped to waist-level again and the actor began to beat on it furiously. The tempo became increasingly frenzied, and progressively out of control. Finally the drums disintegrated and the actor's arms were entangled.

Later the actor goaded with a mahout's hook (*henduwa*) an 'elephant', played by a small boy, into the performance arena. He swung the 'elephant's trunk from side to side. He moved behind the 'elephant', lifted the tail and jabbed the mahout's hook between the 'elephant's' hind legs. Again hoots of laughter came from the assembled crowd. This is an action used regularly by ox cart drivers to goad their beasts forward but is not done to elephants for the consequences could be disastrous. The actor recoiled as if overcome by a foul stench.

The dialogue, used during each of the acts, combined with bodily actions to produce amusement for actors and audience. In the course of the dialogue between actor and drummer, reference was continually made to legendary stories to popular myths and to events recounted in the *Jataka* stories, or tales concerning events in the previous lives of the Buddha. The *Mangara pela paliya* was concluded by 2 a.m.

A rapid, deafening drumming began once more. Terrible cries were heard from within the *Mahasohon vidiya* and the whole structure shook. *Mahasona*, represented by an actor wearing a fearsome mask in the form of a bear's head, emerged holding two lighted torches. He ignited resin (*dummala*) and flashes of orange light preceded and enveloped him. A white cloth was held before the patient obstructing her view of the proceedings. *Mahasona* moved stealthily towards the patient until, when only a few feet from her, he suddenly rushed forward and plunged through the white cloth onto the patient. The girl screamed and hid behind her brother. Three limes were then cut, the first at the patient's head, the second drawn down her trunk and the third over her legs, and then placed in an earthen pot and given to *Mahasona*. The actor moved quickly back to the *vidiya* and examined the painting of himself, placed at the centre front of the *vidiya*. The troupe assistant approached the actor with smoking resin on the brazier and the fumes from the burning resin rose up, enveloped and were inhaled by *Mahasona*. The tempo of the drumming increased and the actor had now entered a state of trance. A staff was placed in one of his hands and with the pot he rushed again towards the patient, from whom the white cloth had now been removed. Members of the audience craned forward expectantly, their eyes focussed on the patient. A mat was brought and laid before the patient and *Mahasona* placed the pot on the mat. Quickly he then lifted the staff and brought it down with considerable force on to the pot, shattering it. With this action he fell inert on to the mat and the patient's male relatives, who had been standing ready, lifted *Mahasona* and carried him to the *vidiya*. This episode represented the 'death' of *Mahasona*. The earthenware pot, into which had been placed the limes which had absorbed elements of the patient's illness, represented the demon's skull. *Mahasona's* influence over the patient was dramatically presented to her as removed.

It was now 2.30 a.m. and there was another break for the performance troupe known as the big tea (*maha te*), while they took light refreshments. The actor who had just completed his exhausting role as *Mahasona* recuperated sprawled out on a mat behind the *vidiya*.

At 3.00 a.m. the episode known as the *ata paliya* (eight apparitions) and the *dahaata sanniya* (eighteen disease demons) began.[13] A masked actor performed before the patient and audience and as in the *Mangara pela paliya*, the dialogue was full of wit and repartee provoking much laughter and general amusement from the audience and the patient's kin. The pattern of the dialogue took the form of a verbal competition between the masked actor and the senior drummer, and considerable effort was made by them to elicit laughter and publicly expressed enjoyment from the patient.

The eight apparitions episode (*ata paliya*) began when loud cries were heard emanating from the *vidiya*. This was the cue for the drummers to start a loud and rapid rhythmic drumming. The torch bearing apparition (*pandam paliya*) made his entry first. He carried two large flaming torches and punctuated his progress with burning orange flashes of powdered resin (*dummala*). Like the seven apparitions who follow he carried an object, in this case torches (*pandam*) which had figured prominently in the earlier ritual episodes. But there was no dialogue and no jokes or general amusement. His role was to announce the coming of the other apparitions and demons.

The torch bearing apparition was followed by the entrance of the shawl bearing apparition (*salu paliya*) who wore a white cloth around his neck—symbolic of the shawl worn by the goddess Pattini. It was also the white cloth (*kada turava*) which was held before the patient at various times during the ritual, and the cloth through which *Mahasona* plunged on to the patient. The shawl bearing apparition emerged with a jaunty stride. Every now and then he stopped and broke into a loud shoulder-shuddering laugh. He hid his face and pointed with mirth at the patient. The dialogue commenced between the masked actor and the lead drummer, 'Alas son, my son,'—*anee, puta, putee*—'I am not your son', replies the drummer in mock anger, 'You are my younger

13. The *ata paliya* episode involved the appearance of apparitions carrying objects which have assumed particular serious ritual importance during earlier episodes of the exorcism These objects are linked to various deities and demons. The torches carried by the first apparition, *Pandam paliya*, are linked by the exorcists to *Devol deviyo;* the cloth carried by *Salu paliya* to the goddess Pattini; the cock in the *Kukulu paliya* sequence to *Riri Yakka, etc.*

There is no break or cue, generally recognized by the audience which separates the *ata paliya* episode from the *dahaata sanniya*. Indeed in colloquial usage the two episodes are not distinguished and are collectively known as the *dahaata paliya*. Exorcists have told me that in the past the *ata paliya* was very much shorter than it is now and was performed by an exorcist without a mask. My information suggests that the audience conceives of the masked apparition in the *ata paliya* as demons (*yekka*) belonging to the same class as those appearing later in the *dahaata sanniya*. It is rare for all the different *sanni* masks to be presented in a single performance. Normally only eight or so masks are presented. Just before the start of the *ata paliya* and *dahaata sanniya* episodes a rectangular box structure (*Kapala kuduva*) is erected in front of the *Mahasohon-vidiya* on a rice pounding pestle. As each of the apparitions or demons emerge from the *vidiya*, and then when they enter it again, they spin the *kapala Kuduva*. The rice pounder is conceptualized by exorcists as the axis of the world and the walking stick of Maha Brahkma which this deity uses to punish *Riri Yakka*. The spinning of the *Kapala kuduva* is symbolic both of the revolution of the world and the threats by demons to its equilibrium. They shake the world and threaten its stability.

brother'. An argument between the actor and drummer ensued concerning the proper mode of address they should use to each other. Eventually, the drummer trapped the 'demon' into agreeing that he, the drummer, should be called by the term, 'father', denoting his superiority.

The audience laughed and continued to do so during a short interchange when the drummer and actor elaborated on the white shawl draped around *Salu paliya's* neck.

Salu paliya: I am off to the cinema hall.

Drummer: Why..that looks like a cinema screen you have there.

Salu paliya: Not a cinema screen but the cinema curtain.

Drummer: Or else the fine dress of an attractive woman.

Salu paliya: Hah—no really it is a nylon sarong.

Drummer: Yes—I can see you are sporting it like one of the local ruffians—hitched high above your ankles.

The drummer now expanded on *Salu paliya's* lowly, filthy and dirty nature. Suddenly *Salu paliya* broke off the conversation and confronted the patient: 'What is wrong with you? You've been attacked by a demon—eh? Well it's not me!'

Salu paliya then returned to the drummer, reached under his jacket and carefully placed some coins in the drummer's hands. A short altercation ensued whereby the drummer demanded higher payment. The two actors mimicked the negotiations which frequently occasion the payment of exorcists by members of a patient's household at the conclusion of an exorcism. They also drew attention of the audience in the course of their dialogue that the demon was in fact making an offering to a human being, the reverse of what had occurred in the earlier ritual episodes. This particular sequence ended when *Salu paliya* went up to the patient and sang a poem about the goddess, Pattini.

Salu paliya: The quality of your chastity is dazzling,
The quality of your chastity is dazzling,
This man (pointing to the drummer) smells of excrement..ha, ha, ha.

Drummer: Your (uses the term *umba* which is applied in Sinhalese to status inferiors) bowels will be washed white from uttering such filth..
Sing another poem.

Salu paliya: (to the drummer and respectfully): *Gurunanse*—can it be true that this daughter is sick? If she is sick then the sons must be very healthy.

Salu paliya then passed his shawl three times over the patient's head and returned inside the *vidiya*.

Kendi paliya (the pot bearing apparition) was the next to appear. The pot was of the same type as that used in the earlier ritual episodes and was understood to contain water symbolic of the pure water of the sacred lake, *Anothatthavila*, in the Himalayas. Water from the pot had been sprinkled over the patient and exorcists when they entered a state of trance. It purified them and ended the dangerous state they were in as a result of the trance. *Kendi paliya* appeared in a mask which represented an old man. He leaned on a staff and walked with great difficulty, stumbling around the arena. He broke wind loudly and then stirred the contents of the pot, which he referred to as excrement, furiously. He spat into it and mimed drinking its contents. A dialogue began once more between the drummer and the actor and again the lowly and filthy nature of the apparition was emphasized. The actor concluded the act by going up to the patient and passing the pot three times over her head.

Kalas paliya now entered. The mask was of a young girl and she wore a tight cloth skirt. *Kalas paliya* also carried a pot. This apparition is understood by both exorcists and audience to be a representation of *Polowa mahi kantawa*, alias *Buma devi*, the Goddess of the Earth. According to a well-known story it was the Goddess of the Earth who protected the Buddha from an attack made upon him by his arch-enemy and competitor, *Maraya*, the messenger of Death. The masked actor, with much voluptuous wiggling of the hips, moved round the performance arena. From time to time 'she' threw kisses at members of the audience or rushed towards them as if to envelop a spectator in 'her arms'.

The drummer called to 'her' using pet names and endearments: '*Chuti* (little one), my darling, my loved one. Come to me.' *Kalas paliya* went up and hugged the drummer. He shoved her away declaring that 'she' was a whore and a slattern, to which *Kalas paliya* responded with loud sobbing cries.

Drummer: What are you wearing. It's a "mini-skirt". You're a corpse (*mini*) apparition. (Here the drummer had punned on the differences in meaning in English and Sinhalese of the word 'mini'. Gales of laughter swept the audience.) How do you worship at the temple in such a short dress? How can you board a bus?

Kalas paliya squatted on the ground as a demonstration in the process revealing 'her' crutch. Members in the audience laughed.

Drummer: Won't you cause impure thoughts to enter the mind of the priest (*bhikku*) if you do that—my darling?

Kalas paliya was followed by the 'brazier-resin bearing' apparition (*angurudummala paliya*), the 'yellow coconut bearing' apparition (*tambili paliya*), the 'areca-nut flower bearing' apparition (*daru mura paliya*) and the 'cock bearing' apparition (*kukulu paliya*). Their acts were performed in much the same way as the apparition episodes I have just described.

The masked actor now represented the disease-spreading demons. One of the most fearsome disease demons to appear was *maru sanniya*, the demon who brings madness. Just prior to his appearance a white cloth was held before the patient. *Maru sanniya's* imminent approach was heralded by loud

rolls on the drums. Upon this he entered, stealthily crept up on the patient and squatted before her. Suddenly he plunged through the cloth on to her. Unlike earlier episodes, such as when *Mahasona* made his appearance, the patient was seated alone unaccompanied by her close kin,. She screamed and appeared terrified as *maru sanniya*, with blackened face and long white curved tusks protruding from his mouth, sat beside her licking his lips. He tore off one of his toenails and took a strand of hair from the patient's head which he then toasted and mimed eating. The audience regarded these actions as highly amusing. The patient's relatives and members of the audience shouted towards her that there was nothing to be frightened of. The exhortations to the patient to eschew her fear were to no avail and *maru sanniya* somersaulted back through the audience and climbed the *vidiya*, which cracked under his weight. The sequence ended in a similar way to the others as *maru sanniya* passed an offering basket three times over the head of the patient.

Immediately before the appearance of the last demon, *deva sanniya gulma sanniya* made his appearance. He is the demon who causes stomach upsets and illness. He cried in agony as he entered the performance arena. '*Ammo*, *Ammu* (mother, mother), *duka*, *duka* (suffering suffering), *du-puka*, *puka* (anus, anus).' He clutched his belly and his rear. The drummer asked him about his trouble and the demon replied that he had a lump in his stomach, causing its obvious great distention. More deliberations continued on this matter and then the demon moved before the patient and sat on the ground. The drummer and demon then conducted a mock diagnosis. All the demon's symptoms were discussed. He had eaten all kinds of unclean and polluting foods and was drowsy at night. Jokes were made to the effect that a medical operation should be performed. Reference was made to the ineptitude of hospital doctors: the way they like to carve people up without any real reason, the sharpness of their knives. At this point, as in the *maru sanniya* episode, the patient was actively involved in the discussions, but this time agreement was forced from her that she had eaten unclean and polluting foods. With this agreement the demon howled with pain and a variety of objects tumbled from his belly.

Deva sanniya now appeared but there was no dialogue. On the mask were representations in miniature of all the eighteen disease demons, many of which had not made their appearance during the performance. The actor then returned inside the *vidiya*, unmasked, and reappeared before the patient as actor, a human being and not a demon. He passed an offering basket over her head and this signalled the end of the ritual. The structures built for the ritual were broken up and the various objects used in its course were removed from the scene of the ritual. They were thrown into some wild undergrowth beside a path well away from the household. With the ritual concluded the audience moved slowly away to their homes or to their places of work.

Meaning, Transformation and Frame

A healing ritual proceeds and unfolds in accordance with a common set of understandings relating to the definition of sickness and health. It thus establishes a framework of meaning within which a patient and an audience can achieve a mutually agreed understanding of the patient's illness and derive a set of culturally related explanations for its removal. This, in itself, can have a curing effect as exorcists are able to integrate 'within a whole where everything is meaningful' (Levi-Strauss 1968: 197), pains and emotional and physical idsorders which appear to be arbitrary.

Shifts in the definition of a patient's condition are facilitated and mediated through changes in the meaning of assigned to objects and actions in the course of the ritual. These definitional and meaning shifts are expressed at different and successive stages through which the ritual proceeds. The exorcism to which I have referred, in common with others of a similar type I have observed, exhibits features typical of most rites of transition. As Turner, following Van Gennep, states, 'rites of transition are marked by three phases: separation, margin (or *limen*), and aggregation' (1967:94). Thus the rites I have described passed through three distinct phases. The early rites in the exorcism, up to and including the point where the patient became entranced, constituted a period when the patient was shown to be separated from the world of the healthy spectators gathered round her and thoroughly immersed in her own private demonic hell. The succeeding episodes, from the beginning of the Mangara *pela paliya* to and including the sequence portraying the 'death' of *Mahasona* marked a liminal stage in the processional form of the ritual. It was a period when the patrent was about to leave a reality as it had been defined around her through ritual action and enter a reality as it was defined by the non-afflicted members of the audience. In the final dramatic episodes, the *Ata paliya* and *Dahaata sanniya*, the patient was enabled to renounce definitions relating to her condition as ill. It was a period in which the mundane reality as it should be understood by healthy Sinhalese, and the relationship of supernaturals to it was re-asserted, overriding other definitions which had initiated the ritual performance.

That healing rituals operate within a cultural idiom capable of being understood by participants and that they pass through successive stages marking points in the transition of a patient, leaves a number of problems unanswered. For example, not all healing rituals succeed in their curative objectives. One reason for this, I suggest, is that they fail in the course of performance, and despite their organizational form, to achieve or elicit a recognition from a patient and an audience of critical changes in definition and meaning.

It is basic to my analysis that a number of conditions, connected with the performance of an exorcism, must be met for a patient to be 'cured' and for an exorcism to be a success in terms of its explicit curative aims. First, the patient must project a self-definition as no longer sick, at least insofar as the illness is related to the maleficent control of demons. Secondly, this definition should be publicly received and attested to by an audience. Both must apply, for the understanding or labelling of a patient as suffering from demonic illness is a product of patient *and* audience definitions. Patients are as much trapped in the subjective understandings of others as they are in their own or, indeed, in the gaze of a demon. Here my argument is in line with those proponents of 'labelling theory' (Scheff, 1966; Lemert, 1967; Rosenhan, 1973; Waxler, 1972) who suggest that, irrespective of whether a patient is ill or not, members of an audience will interpret a patient's behaviour in accordance with their (the audience) definition or labelling of the patient as sick. This in turn will not only structure their behaviour towards the patient as a 'sick' person but also will influence the character and structuring of the patient's own behaviour towards the members of an audience in accordance with their definition.

A third condition which must be met in the transformation in the structure and meaning-content of the exorcism in a way which is realized and received by ritual participants. A ritual exorcism provides a single context of action in

which patient and audience definitions of illness, of what constitutes 'sick' and 'healthy' behaviour, are realized and opposed. It is the transformation in ritual sequence during performance which I consider holds the key to the necessary redefinitions by patient and audience of the patient.

But simply because there is a series of rites which mark transitional stages in a ritual it does not follow that essential transformations in definition and of ritual structure and meaning have been achieved insofar as this is received by ritual participants. It is here that I draw attention to the performance characteristics of a ritual, the process whereby the rules governing the procedure of an exorcism—the sequencing of acts, the ordering of items within these acts, the manipulation of symbols and the organization of dance, music and song—are translated into action. I am explicitly arguing that consideration in the study of ritual form and process should be focussed on the interaction between the rules governing ritual procedure and the rules of performance. Whether or not a ritual succeeds in communicating its meaning and effecting essential transformations is dependent on the nature of this interaction. Such a focus demands attention on the way the medium of performance (song, dance, music the gesture and posture of actors, the verbal idiom used, the use of space, etc.) affects the organization and structuring of relationships between ritual participants, the effect it has upon the communication and definition of meaning, and how it establishes the conditions for and effects the transition of the ritual from one stage to the next.[14] There are many aspects connected with the performance of an exorcism, to which I will refer in subsequent analysis, which can facilitate or impede the process of ritual transformation in the sense of achieving successful shifts in patient and audience understandings.

The conceptual apparatus I use to analyse ritual performance depends heavily on the concept 'frame'. By 'frame' I refer to that often invisible boundary around activity which defines participants, their roles, the 'sense' which is accorded those things included within the boundary, and the elements within the environment of the activity which are rendered outside and irrelevant to it. This notion draws on a similar usage by Bateson (1955:44) and later Goffman (1961:20). The structure of the ritual frame is set by the rules governing ritual procedure, independent of performance, and the rules of performance which translate the ritual form into practise. The structural properties of the ritual frame, established through the interaction of rules of procedure and rules of performance. which concern me here are those relating to (a) the meaning reference of expressive action and verbal content of the ritual, and, (b) the way in which the ritual action as controlled and directed by exorcists organizes the activity of those gathered at the ritual occasion. The terms which I apply to these structural properties are 'contained', 'uncontained', 'open' or 'closed'. By 'contained' I refer to the extent to which the rules establishing the frame limit the active participation of those present at the ritual occasion. The extent of containment can be assessed according to the degree to which the number of those present at the performance are engaged or exlcluded as participants in the focussed ritual activity. Whether the frame is 'open' or 'closed' is dependent on the nature of the verbal and non-verbal referents employed within it, whether they are or are not highly restricted in the sense communicated.

14. A number of anthropologists have already pointed to the importance of considering the medium of performances in effecting the passage of a ritual and ritual subjects through various transitional states. For example, Needham (1967) and Jackson (1968) have drawn attention to the importance of percussion. Bloch (1974) has emphasised the nature of song in ritual as a device in the definition and communication of meaning.

Referents are 'closed' when they are confined, for example, to a particular construction of the supernatural world and the patient's relationship to it. The frame is 'open' when the referents do not relate to any limited set of meanings, but extend to alternative structurings of the supernatural world and even to aspects of the mundane environment of human beings which are not conditioned by the supernatural.

The rules which establish the structure of the ritual frame and organize activity within it operate, as I will show, in a manner similar to those which Goffman has termed transformational rules which control the form and character of activity in focussed gatherings, they "tell participants what they must not attend to..and..tell them what they must recognize" and inform "what modification in shape will occur when an external pattern of properties is given expression" (1961:33) inside the frame.

Analysis of the Performance

In the opening and early stages of the specific ritual performance I have described, until the end of the *ava mangale* episode, the ritual frame was closed and contained. The ritual action was concentrated on the patient and her relationship with demons and was directed to conjuring up a demonic world. The rules relating to the ritual performance not only assigned roles to the patient and exorcists but also extended rights of entry into the ritual frame to members of the patient's household, usually her close male kin. These kin assisted the patient in giving offerings, comforted her, and otherwise had clearly defined responsibilities in the ritual activity. The closed and contained structure of the frame established a barrier between these participants and the rest of the audience. This was further maintained by the exorcists' usage of space and the expressive medium which they employed. Ritual action was confined to the area immediately in front of the patient: this left the action at some distance from where most of the audience was seated. It was difficult for much of the period for the audience to have a clear and unobstructed view of the proceedings. The presiding exorcist, in general, addressed himself in soft and muted tones to the patient so that only those seated close to her had any chance of understanding and grasping the content of the verbal utterances.[15] Even so the language of the verses and magical utterances was largely incomprehensible to those within hearing, including the patient and her kin. Their continued active participation was compelled by the regular demands of the exorcists that they perform actions integral to the ritual activity. Of course, this does not imply that those present at the occasion, aside from the exorcists, did not have a general idea of what was happening. While some of the utterances were incomprehensible a number of the verses and songs were sung in the vernacular; and people could recognize, even in the less comprehensible passages,

15. Tambiah (1968:176-177) is correct when he notes that the verses uttered and sung are not only mantra but also employ other verbal forms such as *kannalavva* and *kaiviya* which are in Sinhalese. He might also have added to this list *yadini* and *sirasa padaya*. My point is that even though these are intelligible, the medium and mode by which they are presented restricts and limits the range of participants at the ritual occasion who can understand and follow them. There is some point to Tambiah's statement that the redundancy in them and the "lengthy recital and staging are contrived to achieve that crucial understanding by the patient of his illness which is a necessary preulde to and a condition of the cure" (1968:177). This is not always the case throughout the whole ritual. In most healing rituals I have observed, the patient becomes most conscious of the activities being performed later, during the various dramatic episodes. In the earlier stages the patient usually appears to be relatively unconscious of the actions being performed and does not attend in detail to all that is enacted.

the names of various deities and demons and thus infer the purpose of the ritual action. But the general point is that at this stage, the form and content of mantra, song, dance, music and other symbolic acts were highly interwoven and combined. This constituted a restricted code; sealing off the ritual activity from most in the audience. As such the code of this period stood in contrast to the more elaborated codes employed in later sequences (*see also* Kapferer 1974).

The rules governing the ritual procedure when translated into action established the ritual frame as closed and contained and thus rendered the activity of others gathered at the ritual occasion as outside the ritual frame. Members of the audience regularly passed across the performance arena, but provided they kept to the region not then in use, did not disrupt the performance. Their behaviour was that of 'healthy' Sinhalese, patterned and organized in accordance with rules not currently part of the ritual frame but more related to normal everyday social activity. Thus members of the audience gossiped, talked and showed little interest in the exorcism. Small groups of card players were regularly present at almost all the large-scale exorcisms I attended and this occasion was no exception.

The start of the spectacular drumming and dancing episode, the *Mahasona samayam pade*, marked a change of the performance rules which initially established the ritual frame. The actions now performed were directed not only at the patient but also at the audience. The referents included in words and actions were closed and related to *Mahasona*, but linked him to the patient. This was conveyed not only by the name given the episode, but also through the expressive gestures and actions of the performers and their use of symbolic articles and structures. The actions of the performers imparted a general sense capable of being received and understood by the audience. The dancers shook the *Mahasohon vidiya* and moved between the painting depicting the demon and the patient. Through such actions they drew attention to the close link between *Mahasona* and the patient. The subsequent entrancement of the patient constituted evidence, in the view of exorcists and audience, that the patient was totally subordinated to the will and control of the demon.

It was at this stage that certain of the rules governing the performance and which limited the participation of audience members in the ritual were relaxed. Members of the audience, hitherto outside the frame of ritual activity were now accorded entry into it. The ritual frame became uncontained and this change was indicated and mediated by the actions of the dancers who offered preparatory salutations to the patient, members of her household and then the audience. It was also signalled by the rapid, heavy and rhythmic beating of the ceremonial *magul bera*.

Despite the relatively uncontained nature of the frame, the extent of audience participation in the ritual action was still limited. The performers brought the action to the audience by dancing around the perimeter of the performance arena, but the audience was kept on the margin of the ritual action. Their focussed attention was sought but no further licence was extended to them to become otherwise engaged in the performance. The rules of the frame gave them rights of entry as attentive onlookers but no more.

Should members of the audience become more involved than this at this stage, the ritual frame becomes subject to subversion. Indeed, the particular

ritual I have described was subverted in this way. Two members of the audience burst into the arena and danced entranced. There was great confusion as other members of the audience left their places and crowded into the performance arena for a closer glimpse of those possessed. The dancing could no longer continue and the focus in the ritual on the problems of the patient was lost. Action was suspended while the exorcists employed a variety of subterfuges, not related to the performance of the episode, to remove the possessed individuals from the arena. Thus subverted, the ritual frame had to be re-established. The *magul bera* was beaten once again and the dancers went through once more the preparatory steps of their performance. The form and style of the performance during this period, set in an elaborated code, which was understood, appreciated and delighted in by the audience, made it possible for exorcists to lose their control over the proceedings. Complex dance and gesture, the exciting rhythm of the drums, can play on the senses of an audience so as to involve them more centrally in the ritual action than intended.

No threat to the ritual frame was presented by the possession of the patient, rather such behaviour was both consistent with the sense accorded activity within the frame and reinforced it. Prior to the performance of this episode the patient was kept from becoming entranced by the exorcists. The exorcists were constantly alert to any physical sign or bodily movement of the patient which might have indicated the onset of a trance and, therefore, a removal of the patient from a consciousness of the activities going on around her. Exorcists stress that the patient must be aware that the basic curative elements of the ritual, the mantra, offerings, etc., have been performed. The patient must be satisfied that there is no likely reason for a failure in the ritual because of a neglect on the part of the exorcist to perform essential curative procedures.

When the *Mahasohon samayam pade* began, restrictions against the patient entering a trance were removed. *Mahasona* was now believed by exorcists and audience to be present and indeed, the dancing and drumming now celebrated and honoured him. Not all patients become possessed during this period, but possession is now perfectly acceptable. Indeed possession gives further public proof of the accuracy of the exorcists' diagnosis, *viz.*, that *Mahasona* is the agent primarily responsible for the illness and not some other demon who has taken a more subordinate position in the performance. It is a public demonstration of the fact that *Mahasona* has been successfully attracted to the arena: having entered the patient, he can now be drawn out and chased away. No longer elusive and beyond the grasp of the exorcists, *Mahasona* has been 'captured' and is now subject to greater human control.

The foregoing analysis has demonstrated that the rules which organize activity within the ritual frame define both those who can legitimately participate in action within it and also the form which their participation and involvement should take. The rules which control the activity within the *Mahasohon samayam pade* continue to operate in the episodes that follow it. The attentiveness of the audience is secured and they are made witness to the fact that the signs, such as the auspicious throwing of the limes, auger well for the eventual cure of the patient.

The episode which followed, the *Mangara pela paliya*, was in honour of God Mangara, and constituted a request for this deity to control *Mahasona*, who is understood by exorcists to be immediately subordinate to him. It is important to remember that when a patient recognizes that he or she is under the

malign influence of a demon, the exorcists and the other people assembled consider that this involved a reversal of the proper order of things. Ghosts and demons, although supernatural, are in the normal state of affairs, inferior to human beings. To have one's actions and behaviour subject to the will and influence of a demon, implicitly and explicitly involved a recognition that these beings are in fact superior. The normally accepted order is challenged. The ordered hierarchy of gods, human beings, demons and ghosts have been upset, chaos threatens. The patient must have such a view understood to be typical of those afflicted by demons re-adjusted into a generally accepted normal view of an ordered, unchaotic reality where the patient as a human rids herself of being subject to the will of a demon and is re-established in a superior position free of a demon's malicious intent. Thus the ritual, as occasioned by the patient's illness, starts from the recognition that elements of a normally accepted order have been disrupted.

The dramatic enactment of the *Mangara pela paliya* combined behavioural elements both of disorder and order, lack of control and control. The sequential performance of the various acts within the *Mangara pela paliya* was expressive and symbolic of order. It represented an ordered religious procession. In the elephant and buffalo sequences the animals began to run wild. The small boys who played these parts ran at the patient and audience in an apparently uncontrolled fashion. But they were brought back into line and controlled and tamed, by the actor-exorcist who whipped and goaded them into submission. The emphasis on control, on taming, which characterized the *Mangara pela paliya* and particularly its concluding stages, can be viewed as symbolizing that order will be maintained and threatened chaos is capable of being averted.

The performance of the *Mangara pela paliya* episode introduced comedy and joking as major dramatic elements and occasioned changes in the structure of the ritual frame. But in an important way there were now two frames organizing activity within the single overarching frame of the ritual. One frame was that which had the exorcist performers and the patient at its focus. Verbal and non-verbal behaviour here related to Mangara and his ability to assist the patient's cure. Entry into this activity was restricted to the patient and the performing exorcists. A second frame surrounded that of the exorcists and audience. The content of verbal and non-verbal behaviour here included referents which were open. Not only was Mangara a major referent but also the meaning assigned to various concepts and symbolic articles employed in verbal interchange between the exorcist as actor and the senior drummer of the troupe were extended out of their various restricted ritual and religious symbolic meanings to include referents and meanings related to the common everyday, secular, life of those gathered at the ritual occasion. What I term *separating performance rules* were brought into operation which kept the two frames independent but linked. The demeanour and behaviour of the exorcist-actor at the beginning and end of each act, in which he presented a symbolic article to the patient, contrasted with the actor's behaviour at other times within the same act. The actor's bearing was at first serious and focussed on the patient but through the course of action and dialogue he lost this focus, and with elaborate gesture and jokes evoked laughter; then he sharply re-focussed his attention once more in a serious manner on the patient and her specific problems.

Given that the tone of the performance up to this time had been dominantly 'serious' the introduction of so much joking, humour and fun is potentially

disruptive to the performance.[16] I have witnessed a number of occasions when members of the audience and relatives of the patient have objected and expressed anger about the behaviour of the exorcists. On the particular ritual occasion I have described here some of the exorcists, during the earlier main offering episodes, indulged in some by-play with one another and with members of the audience, and joked and exhibited signs of amusement. The patient's father severely reprimanded them. In performances of the *Mangara pela paliya* I have witnessed on other occasions, members of the audience, usually individuals of relatively high status, have objected to the ribald treatment which certain objects and ideas which they have regarded as 'sacred' have received.

The various separating rules employed in performances of large-scale demon exorcisms guarded against possible disruptive aspects which emerge as part of the performances themselves, for a serious tone to the activity is nevertheless maintained in the midst of jocularity and humour. Furthermore, the manner in which exorcists organize the introduction of humour and joking both facilitated the introduction of these elements and guarded against a premature subversion of the ritual frame resulting from a loss of 'serious' purpose and a failure to maintain a focus on a patient.

An important aspect of a public ritual performance is that it is as much designed to effect a re-orientation in the attitudes of audience members towards a patient as it is directed towards the re-adjustment of a patient's perspective upon her own condition. The curative success or failure of an exorcism ritual, I suggest, depends considerably on the agreement of the audience that a patient is cured. For this agreement to be attained two minimal conditions must be met. Firstly, a visible and publicly received change must be achieved in the patient's outward expressive behaviour which is distinct from that displayed in the earlier exorcism episodes when the patient is understood to be under direct demonic control. Secondly, the exorcism must be seen to be 'properly' done.

There are numerous factors both independent of and integral to the performance of an exorcism which can influence an audience to judge a performance unfavourably. Those largely independent of the performance include the extent to which the audience is aware that the exorcists concerned have repeatedly effected cures on previous occasions, the degree to which the particular exorcists have a widespread repute and are generally acknowledged to have an extensive and commanding knowledge of esoteric mantra and other magical verses and songs. Many others can be added to the list but my main concern here is to concentrate on the elements of a performance which can facilitate or inhibit its acceptance as 'authentic' by an audience.

Although members of an audience are normally not specialists in the art of exorcism most of them have a wide experience gained from attendance at other exorcisms. Thus they have a basis for comparing the performance they

16. It should be noted that the *Mangara pela paliya* and also later masked dramatic episodes are more subject to re-direction and subversion through the introduction of extraneous elements not controlled by the rules governing the development of the performance because of the character of the performance itself. The separation of ritual activity from non-ritual activity is strongly marked by the presence of dance and music. During the *Mangara pela paliya*, for example, there is almost no drumming, and no dancing. This weakens the extent to which the ritual can exclude behaviour not organized in terms of it and renders it more generally subject to subversion.

are currently observing with others. No performance of an exorcism is identical to any other even if performed by the same group of exorcists. Therefore, considerable pressure is placed on exorcists to 'manage' the performance in such a way as to avoid unfavourable comparison. The display of an impressive virtuosity in mantra and song is one means by which exorcists avert criticism of their performance The exorcist whose responsibility it is to organize a performance will often go to considerable lengths to hire other exorcists well versed in the art of mantra and song. Great stress is placed by exorcists on their knowledge of particularly powerful mantra to which no other exorcists have access. Often exorcists will innovate, introducing new rites into an exorcism, sometimes drawn from other exorcisms or rituals but also frequently of their own invention. In such cases exorcists will 'play-up' the innovative aspects of their performance and direct audience attention to them. Claims will be made that it is these innovative elements which render their performances more effective and superior to others of the same type performed by different exorcist groups. One exorcist I encountered, who was in the process of building-up a clientele, introduced not just a few rites which were largely his own invention but new mantra which he claimed were imported from the Maldive Islands and had greater magical power than traditional Sinhalese mantra. Innovation, like the above, often leads to major departures from a generally accepted ritual form of specific types of exorcism. In such instances these kinds of artifice expose exorcists to the charge of fraudulent practise by their peers and by members of an audience. It is significant that the particular exorcist referred to above was not a member of the Sinhalese castes from which exorcists are usually drawn in the Galle region and it is frequently such exorcists who do not have access to resources of esoteric knowledge who engage in marked innovative behaviour.

Most often exorcists depend on the elaborate dance and dramatic items in order to win the confidence of an audience in their skills. Members of an audience are inhibited in their ability to critically appraise the earlier esoteric and occult sequences because of their lack of specialist knowledge and because of the way these earlier episodes are performed whereby they are excluded from direct participation in the action. Criticism is only likely to be expressed by spectators when there is wide and obvious divergency from accepted procedure, as in the omission of a key rite such as the *ava mangale*. Their critical faculties are given greater freedom of expression during ritually prescribed times of high tension, when patients or actors are expected to become entranced, or in the elaborate dance or dramatic episodes. Not only are these the times when the attention of the audience is actively sought but also they are the periods when the audience is invited to bear witness to the extent to which malign demons have consumed the patient and the power of the exorcists' skills to attract malicious spirits to the site of the performance. Exorcists strive to impress an audience, for example, that the patient or actors are not feigning a state of trance but are in fact consumed and controlled by demonic forces. Similarly, in the dramatic interludes the different responses of patient and audience to what is the same performance, whereby a patient expresses signs of terror in contrast to the laughter and amusement of an audience, draws the attention of spectators to the plight of the patient and validates the necessity of an exorcism performance. The display, publicly attended to, by exorcists of their skills at dancing and acting and their communication through the means of a generally understood vernacular dialogue of their wide knowledge of myth and

legend enables them to impress an audience with their experitise. The authenticity of an exorcism performance as a whole in the view of spectators depends largely on the success of the exorcists' impression management during these periods.

The active involvement of an audience in the curative process is, as I describe more fully subsequently, an important element if an exorcism is to attain its objective to heal a sick patient. Because spectators have attended many other similar exorcisms it is often difficult to achieve their undivided commitment and involvement. The excellence of dance and drama, the creation of excitement in performance, is thus an important device for the focussing of their attention on the action and the problems of a patient.

However, exorcists must be careful in their performance of the dancing and dramatic sequences. The various separating rules employed in large-scale demon exorcisms guard against possible disruptive aspects which can emerge as part of the performances themselves as a result of the pressure placed on exorcists to convince an audience and attract their attention. An audience cannot be regarded as an undifferentiated unit. Spectators stand in different relationships to the patient and members of the patient's household. Close relatives are likely to evince a greater concern for the patient's welfare than other neighbours and people drawn from the community at large. A regular complaint voiced by relatives of a performance is that dancers and actors have become so caught up in the display of their several skills in order to please a general audience that a focus on the patient and the dangers of the patient's affliction is lost.

Exorcists are aware that there is a danger of dance and drama becoming ends in themselves rather than a means through which a patient can be cured. By establishing a separate frame around action directed at an audience in the course of dance and drama, exorcists are able to control and prevent a submerging and subverting of that ritual frame which organizes activity centred on a patient. Moreover, this second frame establishes a favourable condition for the organization of comedy and fun, for they are restricted in their ability to detract from the serious purpose of effecting a cure. Confined within a frame which organizes activity focussed on exorcists as they relate to an audience, humour and fun does not threaten the serious tone which characterizes the activity enclosed in the frame which organizes exorcist activity towards a patient. Provided exorcists are able to sustain that frame around the patient which initiated the exorcism and which developed in the earlier esoteric ritual sequences, the joking and ribaldry which becomes so much a dominant motif of the dramatic scenes, does not so readily become the basis for adverse angry criticism by relatives. However, the possibility of such criticism is not ruled out.

I now examine more closely the procedures whereby exorcists develop humour and fun in the dramatic scenes. There is a general expectation of audiences that joking and ribaldry will be major aspects of the dramatic acting sequences. Although this expectation is conducive to the generation of humour, exorcists cannot be certain that all the members of an audience will respond favourably. This is especially so because the nature of much of the joking involves poking obscene fun at sacred concepts and ideas. Elsewhere Handelman and I (1972) have explored some of the processes whereby the rules governing non-serious discourse are negotiated to agreement and a general licence extended to participants in joking activity.

As in most other performances of the *Mangara pela paliya* I have observed, the two exorcists who performed the scene described, both initially and throughout most of the performance, limited their verbal interchanges to each other. Sensitive to audience reaction, the exorcist who played the role of the 'straight-man' exercised control over the development of humour. This he did by using the verbal device 'not that —*eka nemei*' whereby he halted dialogue which threatened an angry or unappreciative reaction from the audience. The use of such devices also signalled the points in the dialogue when new themes could be developed.

Actors restrict dialogue to each other not just because it gives them greater control over the proceedings but also because they operate in a context of a shared and agreed understanding of the direction their discourse should take and because it is a context in which licence to engage in joking and humour can be rapidly negotiated. Members of an audience do not have readily available the esoteric knowledge which would enable them at one and the same time to link immediately the nature of the objects and ideas as these are defined with reference to a supernatural and religious world, with meanings derived from the secularly organized world. Indeed, the dialogue as it develops is largely instructional. It creates a body of disparate meanings which are eventually connected to produce a generally agreed-upon joking and humour. The means by which humour and joking emerge and are recognized often necessitates that the actors take personal liberties with each other. Jokes are made to the effect that one performer does not understand the 'proper' reason behind the presentation of objects and the performance of certain actions. On some occasions I observed, where the actors had not regularly engaged in the performance of this episode with each other, either one or both of the actors had been offended and angered. In these instances the form which humour and joking should take had not been successfully negotiated to agreement. In the performance described, the exorcists taking part had long experience of acting this episode together and had no difficulty in reaching agreement on the nature of the joking. The exorcist-actors, by organizing the character of joking first between themselves, established a base from which they could then extend and direct their behaviour to the audience. They reduced a potential risk that the audience might fail to recognize humour and joking in their actions which could impede the establishing of an alternative reality, ratified and subscribed to as such by the audience. It is such an alternative reality, the reality of normal and unafflicted persons, a reality introduced into the context of a ritual performance, that I shall argue is essential to facilitate the transmition of the patient from illness to health. It should also be noted that the limiting fun and joking to each other the actors control the extent and range of meaning which is introduced into the ritual performance.

Attention can now be directed at the way the *Mangara pela paliya* episode affected the development of activity within the ritual frame, at how it effected important changes in the content of the ritual frame, and at how these changes were related to the achieving of a cure.

Prior to the *Mangara pela paliya*, the audience became included in the ritual activity but their participation, apart from being attentive witnesses to the action, was limited. Members of the audience were now permitted to contribute more actively. Young boys drawn from the audience were called on by the exorcist-actor to perform roles as bearers of symbolic articles in the mock religious procession and to take the parts of the buffalo and elephant.

But more significantly the world of non-ritual activity ideas, values and experiences of the secularly organized everyday life of the audience were selectively introduced into the ritual.

The humour and joking in the dramatic episodes of the *Mangara pela paliya* operate as key devices whereby alternative ways of constructing reality were defined. Hitherto the exorcism had organized symbolic objects and actions in accordance with principles relating to how a sick patient was understood by exorcists and others gathered at the performance to have defined a reality which enveloped her. The patient was depicted as being engaged in a terrifying malign supernatural world crowded by avaricious, bloodthirsty and malicious demons and ghosts who affected her every action and subordinated her to their will. Symbolic objects and actions were presented as having only supernatural reference. Through their dialogue and joking the exorcist-actors in effect question such definitions. Humour and joking are thus not simply a mechanism of light-comic relief, a release from the tensions built-up in the course of ritual action, an escape-valve for the suppressed emotions and fears of a patient and an audience, but a critical means by which a reality as normal and healthy persons should define it is presented. My concern, thus, is not simply to catalogue another functional aspect of humour and joking but to see in the very process by which exorcists strive to evoke the realization of the comic in their actions the means by which an alternative reality is constructed.

It has long been argued that much humour depends on the connection of disparate ideas and values, etc., in behaviour or reported behaviour and furthermore, that the ideas, values and, perhaps, the meaning assigned to that behaviour are unexpected, even inconsistent, with those ideas, values and meanings which an audience has been led to expect in the structure of discourse and action.[17] Through their attempts to generate a recognition from the audience, the exorcists juxtaposed different ways of perceiving reality. Themes which emerged in the ritual as a whole were at the centre of much of the dialogue. Yalman (1964:135) and others have drawn attention to various organizing oppositions present in Sinhalese social structure, religious ideology and thought, such as Life and Death, Calm and Anger, Purity and Pollution.[18] It was through the dialogue of the actors in relation to symbolic objects and concepts that the links between these opposites and others became apparent to the audience, thereby producing a generally accepted and understood humour. The meaning of symbolic action of the earlier esoteric ritual episodes was locked within the reference system of a supernatural world. Action was contained in a presentational symbolic medium (Langer, 1951) of song, stylized verbal intonation, drumming and dance. Symbols, cast as they were in this presentational symbolic mould, did not have meaning independent of the particular supernatural reality generated by the exorcism. Any meaning unrelated to a supernatural world was suppressed by the presentational medium which maintained objects and actions in close structural interconnection with

17. This approach to humour has a long tradition and has been put forward by Gerard (1759), Beattie (1776), Kant (1790), Schopenhauer (1819), Spencer (1860) and Bergson (1911). Keith-Spiegal (1972) gives an extremely useful coverage of this approach to humour and others, setting them in the context of their historical development.

18. Ames (1966), with whom I in part agree, has expressed some dissatisfaction with this Levi-Straussian 'structuralist' approach to the study of ritual and religion. He shows that by examining closely the pattern of prestations in ritual and religious practice that one can reach similar conclusions as that reached by the more inductive Levi-Straussian method adopted by Yalman (1962, 1964) and Leach (1962).

each other. The effect was cumulative, each new symbolic article, action or extension of symbolic meaning, reinforcing and strengthening the supernatural reality constructed and conjured up in the early exorcism episodes. But the performance of the *Mangara pela paliya* marked a shift from a presentational symbolic medium to a discursive symbolic medium. Dance and drumming stopped, song and stylized verse were no longer the carriers of verbal expression. The discursive medium of the drama conducted in an everyday vernacular, in the often coarse patois of the market-place and Sinhalese peasantry and, involving actions recognizable as part of daily social intercourse, established the conditions for the spiralling of the meaning attached to words and actions beyond the confines of a supernatural world. I have already argued in another paper (Kapferer, 1974: 26-32) the significance of the change in symbolic medium in the dramatic scenes of large-scale demon exorcisms. What I stress here is the use made of humour and joking by the exorcists to make connections between the meaning of symbols and actions derived from a ritually constructed supernatural reality with other meanings derived from secularly oriented everyday life.

Thus in the dialogue of the *Mangara pela paliya* the Sinhalese letter 'sri' was referred to both as the first letter in the alphabet and as an honourific title often denoting a degree of 'sacredness', e.g. in its use to refer to the respected and benign guardian deity Sri Vishnu. The audience was told that in appearance it looked like a lobster, an impure food which in turn belongs to a class of 'heating' foods which cause specific kinds of illness. Spoken, the letter sounds like Riri, the Blood Demon, who in turn is associated with defaecation, faeces and Death. The meaning which can be attributed to symbols was also extended out into the experiences of everyday life, beyond those consistent with ritual activity. A white cloth became likened to a cinema screen, though it had been symbolic of purity and calm when it was held in front of the patient during the period when major offerings were made to the demons and when it was introduced as the canopy which must be held over the offerings carried in procession for God Mangara. The sacred *sesat* became linked with low forms of life (*satek*) and was a means through which reference was made to the difficult economic and social conditions of the urban working class. By the elaboration of meanings, some with supernatural reference and other with secular reference, the audience was shown that the understandings attached to certain symbolic actions, concepts and objects was a property of subjective orientation. They were dependent on the contextual reality in which they were set.

What Douglas has argued for humour and joking in general, applies to its specific use in the performance I have described. The organization of dialogue and action oriented towards eliciting a recognition of humour from the audience afforded an opportunity 'for realizing that an accepted pattern has no necessity. Its excitement lies in the suggestion that any particular ordering of experience may be arbitrary and subjective' (1968: 365). The 'worlds' in which specific subjective orderings of experience were made apparent were nonetheless kept separate by the pattern and style of the actor's performance. The exorcists maintained the world of the patient and that of the audience separate and distinct. They directed their jokes, puns, etc., to the audience and away from the patient and the audience, though responding with laughter and other signs of general amusement, were able to convey their involvement in matters not always subject to the will of supernatural beings, deities, demons and ghosts. But at the same time they were made aware that their construction of reality was not consistent with the way the patient ordered her own world

Throughout the performance of the *Mangara pela paliya* the patient did not laugh or show other outward signs of amusement. Her demeanour was solemn and serious. At this time and earlier, as interpreted to me by both exorcists and members of the audience, her mind was consumed by thoughts of the supernatural and the malign hold of the demons over her actions.

The *Mangara pela paliya*, therefore, marked clearly the distinction between the world of the patient and the world of the non-afflicted, of the healthy and normal. But more than this, the acts within the *Mangara pela paliya* provided an occasion where, for the first time, within the structural form of the ritual drama, the patient was presented with an alternative reality defined, received and understood by exorcists, her relatives and the other members of the audience. It is this world as defined by those around her which the patient must perforce enter for a redefinition of self as cured and freed from the control of demons to be effected. The redefinition of the patient by the audience as cured requires that she recognize this fact in public. But this recognition, as I will show later, is dependent on her communication to the audience by her behavioural expression that she has redefined the world about her in a manner consistent with the definitions of those who have gathered to witness the ritual occasion.

The world of the audience, including the patient's kin, as depicted in the *Mangara pela paliya* was contrasted sharply with the world of the patient in the enactment, which followed immediately, of the 'symbolic' death of *Mahasona*. (The appearance of an actor in the guise of *Mahasona*, objectified her private fears.) The patient was plunged suddenly into a frightening reality, at least for her, which she, and also the exorcists at the behest of her family, had constructed around her. The frame was once again closed and contained. The referents were tightly focussed on her and her relationship with *Mahasona*. Active participation within the ritual frame was limited to the patient, and her close kin who comforted her and lifted and carried away the 'dead' body of *Mahasona* at the conclusion of the episode. Even so the boundary of the ritual frame, as a consequence of the carry-over effect produced by changes in the organization of activity within the frame in the preceding episodes, was more permeable than, for example, in the stages leading up to the *Mahasohon samayam pade*. The audience was involved in the scene performed before them. They craned forward, eyes focussed intently on the patient, to observe her fear at the confrontation with the demon. Many demonstrated an air of bravado, of 'whistling in the dark', of fear mingled with an outward amused detachment. The veil which separated the reality of normal of the non-afflicted, from the reality of the ill, of the abnormal, was shown to be tremulous and frail. The actor who played *Mahasona* entered a trance: the demon had to be drawn out, brought under control and chased away in a manner similar to that performed on the patient earlier.

As the ritual and cure progressed, as the patient approached the threshold of her cure, she was in the *Mangara pela paliya* shown a definition of reality which she had eventually to accept for her cure to be effected. She was being drawn to a conception of reality as normal people should perceive it. But in addition the members of the audience, the non-afflicted, were made aware, through the enactment of *Mahasona's* symbolic death of the frailty of the veil separating their reality from that of the patient. The reality as the patient defined it could be laughed at, derided through fun and humour as was evident in certain interchanges in the *Mangara pela paliya*. But the audience were

reminded that they too were subject to impose similar constructions on the events which they witnessed and in which they participated. Individuals afflicted by illness attributed to demons, and also deities, can and do become the objects of derisory fun not so much from their kin but certainly in the gossip of neighbours and others who know of their affliction. I suggest, therefore, that the experience and involvement of the audience in successive episodes expressing sharply different content and tone not only forces on them a greater understanding of the patient's condition but also that they themselves are not immune.[19] The ritual and particularly the dramatic acting episodes worked to bring about a re-adjustment both in the attitude of the patient and in the attitude of the audience towards the patient.

The 'death' of *Mahasona* presented dramatically before patient and audience demonstrated the end of *Mahasona's* influence. The patient was shown that there was no longer any rational reason to continue in a belief that *Mahasona* had control over her actions. It should also be stressed that this episode seen in combination with the *Mangara pela paliya* preceding it represented a type of 'shock treatment'.[20] Exorcists maintain that joking and fun distracts patients from their overriding concern with their own personal problems. Joking and fun, when they first appear as part of the ritual performance provide a certain relief in the tension created in the earlier, for example, *Mahasohon samayam pade.* The dramatic and frightening appearance of *Mahasona* produces a shock for the patient which can dislodge the demon's hold, loosen his grip, thus easing the way for his removal. The white cloth, held before the patient and through which *Mahasona* plunged on to the patient served a similar function. It induced a calm in the patient's mind which was suddenly jolted when the cloth was swept away by *Mahasona's* terrifying appearance.

Following a fifteen minute break in the proceedings while the exorcists rested and took light refreshment (a period known as the *maha te* or 'big tea') the *Ata paliya* and *Dahaata sanniya* episodes began. The content and organization of these dramatic episodes involved a subversion, an assault upon, the ideas and principles which occasioned the ritual and organized its development. They constituted a re-organization of the activities of the ritual participants along lines more consistent with and relevant to, the rules governing behaviour between the healthy and the non-afflicted.

19. Exorcism rituals are generally considered dangerous. Members of nearby households, especially women who are considered more prone to the evil effects of deities, demons and ghosts, often refuse to attend such occasions. That malign demons are summoned to the ritual performance exposes not only members of the audience to their maleficient influence (this was evidenced in the possession of the two onlookers during the *Mahasohon samayam pade* earlier) but also to others in the neighbourhood who have not attended. This receives some support from the observed pattern for the performance of one demon ritual to spark off a chain of similar performances in quick succession in the same neighbourhood. On one occasion I witnessed a man's possession in a neighbouring household to that where an exorcism was being performed. His attack, the timing of it, was attributed to the demon then being summoned to his neighbour's house.

20. Tambiah (1970:327) has similarly noted the use of what might be termed 'shock therapy' in exorcism ritual in Thailand. However, I note that not all the frightening, shocking, appearances of demons before a patient might be adequately referred to as 'shock therapy' Professor I. Pilowsky, of the Department of Psychiatry at the University of Adelaide, who has discussed my material and seen cine film of the exorcisms I recorded, suggests that certain frightening episodes might be better termed 'de-sensitization procedures'. That is, the presentation of frightening beings to a patient might be a device for reducing the fear that a patient has hitherto expressed towards them. This is certainly a possibility in the later episodes when frightening apparitions and demons are presented one after the other in a context of fun and ridicule.

Like the *Mangara pela paliya*, these dramatic episodes contained considerable humour and fun. The referents were open, and entry into the ritual action clearly extended to all present. The masked actor representing the apparitions and demons engaged in dialogue and interaction marked by much joking not just with the senior drummer but also with members of the audience, the patient's kin and, for the first time, directly with the patient. The action at times extended beyond the bounds of the performance arena which in previous episodes had spatially separated the audience from the exorcists, the patient and her kin gathered around her. As *Maru sanniya*, the demon of madness, the actor tumbled into and through the ranks of the audience. He broke through a small cluster of card-players and scattered their cards, and then ran into the darkness and encircled the house but outside the ring of spectators. His behaviour was indicative of the type of illness he causes, as was the behaviour enacted by the other demons presented during the performance (*see* Obeyesekere, 1969). But the action of *Maru sanniya*, as in the performance of the other apparitions and demons either disrupted other frames which organized activity outside the ritual frame or included them within it.

The separating rules which operated in the *Mangara pela paliya* to keep different activities organized in the various frames apart were now relaxed. The frame within which the patient participated and a focus on the patient was maintained by the exorcist-actor who at the end of each act passed an object or offering over the patient's head. But, in comparison with similar behaviour in the *Mangara pela paliya*, the exorcist's bearing and demeanour at these moments had changed. His body was relaxed and casual. His behaviour was highly perfunctory. There was no change in bodily attitude which signalled a shift from non-serious to serious activity. The frame, included within the overall frame of the ritual, which governed the activity between exorcists and between them and the audience, rendered subordinate the frame surrounding the patient, which until this period had controlled the nature of interaction with her. It subverted and to a degree negated the ability of the rules of the frame surrounding the patient to control the nature of the interaction directed towards her. This was now guided in accordance with the rules governing non-serious activity in the ritual. The exorcists, as stated previously, and also members of the audience, joked with her. Roles and relationships defined at earlier stages in the ritual either disappeared or were changed. Close kin who had comforted and consoled her in other episodes now identified with the audience and left her isolated and alone. They collaborated openly with others in the audience in their mirth and laughter at the comic behaviour of the actors. At one stage when the white cloth was held before the patient, and when *Maru sanniya* crept up and burst through on to her she was exhorted by both kin and audience to express no fear or worry. In earlier episodes the audience and the frames organizing their activity were defined as outside the ritual frame. Now the patient and not the audience was out of frame. In the *Maru sanniya* act, the extent to which she was out of frame was sustained. *Maru sanniya* sat beside her. He pared one of his toenails, then pulled a strand of the patient's hair and made as if he was about to eat them. All this was done amidst the expression of general amusement from the audience and her kin which contrasted with her trembling and appearance of fright. The change in the organization of others' relationships within the ritual as these were centred on the patient meant that she was deprived of support, provided by concerned kin, which would assist with the maintenance of a frame organized in accordance with principles which initially defined and treated her illness. Prior to the *Ata paliya* and *Dahaata sanniya*

episodes the patient's behaviour was in key and synchronized with the ritual as it unfolded. Now for the first time the patient's behaviour was markedly out of key, out of tune, with the dominant tone of the performance. The exorcists operating with the openly declared and agreed support of all those gathered, except the patient, now constrained the patient to key into the tone of the performance. At other times in the ritual the behaviour of the patient had threatened to run out of key with the performance. Thus in the episodes which involved the giving of the main offerings to the demons she appeared to be on the verge of a trance. This was consistent with the structure and tone of the performance. The procedures employed to bring her back under control involved the uttering of mantra and the manipulation of symbolic articles, such as the *igaha* and the sprinkling over her of pure water (*kaha diyara*). These procedures were completely in line with the organization and tone of activity within the ritual frame as it was then defined. Humour and fun now replaced these as techniques within the ritual to key the patient in to the tone of the performance and render her behaviour consistent with the rules which presently guided most of the participants' activity.

The re-organization of activity within the ritual frame brought about by the exorcists' use of humour and fun also facilitated a reconstruction of the ideas and principles related, but directly opposed, to those upon which the ritual was initiated. The humour as understood and appreciated by the audience derived from the reversal of meanings implicit in and communicated through the previous use of symbolic objects and other non-verbal and verbal activity. It also involved a juxtaposition and linkage of them with ideas and experience, not normally associated with them, drawn from the outside and non-ritual world. Through humour, therefore, both a re-ordering of the supernatural world and the relationship of humans to it in a manner consistent with the way the healthy and normal ideally should conceive it was achieved and also a picture of a mundane world not conditioned by a supernatural perspective.

The dialogue and action in the *Ata paliya* and *Dahaata sanniya* episodes were replete with humour and fun of a form and content which both reversed the understandings upon which the ritual was initially based and which had organized much of its development, and assigned ritual objects and actions meanings pertinent to outside, everyday, non-ritual experience. Through humour and fun the nature of the supernatural world and the position of demons within it and their relationship to humans was reordered. Also humour and fun are a means by which, through the inclusion in it of elements drawn from the outside non-ritual world, the participants could break out of a perspective in accordance with which action was solely to be interpreted through reference to the supernatural.

During the *Ata paliya* and *Dahaata sanniya* episodes an apparition agreed that he should be addressed by a kin term denoting inferiority. At other points throughout the performance such beings were addressed with the utmost respect. The exorcists, in fact, addressed them as deities (*devatave*). A demon gave offerings to a human, the drummer. Through most of the ritual, humans, the patient, her kin and the exorcists, had given offerings to demons. The pattern of the dialogue between the drummer, representing humans, and the masked actor was one where the drummer showed through his quick wit and repartee the superiority of humans over demons. Demons and apparitions

became objects of fun and obscene ribaldry. They were defined as stupid, ridiculous and unworthy of serious attention. They were demonstrated as filthy and lowly beings who themselves did not pay correct regard to the proper order of things. They profaned sacred religious concepts. An important concept in Buddhism, *duka*, (suffering) became in the words of *Gulma sanniya* (the demon who causes stomach ailments), *puka* (anus). The masked actor-exorcist played the demons and apparitions as fools. As such his behaviour was a device both for the reduction of their status from a prominent position, emergent as a consequence of the demands of a performance designed to propitiate them, and also as a purging device 'eliminating upstarts, pretenders, and incompetents from positions of influence' (Klapp 1949: 162).

Humour and fun in these episodes was a device for 'disrupting the conventions which (*maintained*) the symbolic universe taken as relevant' (Burns 1972:151) by the patient and which had guided much of the ritual performance. In an important way too, humour and joking, proferred by exorcists and accepted by the audience, at the expense of objects and acts taken seriously in earlier parts of the ritual was a means of expressing a detachment from a world governed solely by supernaturals. A world which according to exorcists and members of the public and as recounted in popular myths has both malevolent and benevolent aspects.

The patient, through the medium of fun and humour, became isolated in a world as others defined it. She remained in her behaviour, however, a major obstacle to the complete subversion of the ritual frame. Her behaviour, out of key with the dominant tone of the performance and which was still expressive of fear at the sight of demons, sustained a reality which the activity of those around her sought to subvert. It also provided an indication, publicly received, that she considered herself still subject to the malign influence of demons and therefore was not fully cured. I stress here the importance given by exorcists and audience to the expression of laughter and amusement from the patient at the comic behaviour of the performers. It demands the outward expression of inner emotions and feelings in a way which is publicly recognized and understood. It keys the patient in to the tone of the performance. When patients do not recognize humour and fun, as in this instance, rituals of this type often continue well after sunrise—the time when they are supposed to end—until such time when the patient expresses outward amusement or when it has to be discontinued through the disappearance of members of the audience or the patient's kinfolk to their places of work. Exorcists, the patient's family and other members of the audience become anxious and highly agitated. This fact explains the nature of the *Gulma sanniya* sequence I described earlier, It was approaching dawn and the patient had evinced, as yet, no outward expression of enjoyment. The actor-exorcist confronted the patient directly with elements of her illness and forced her through rough and jocular language to agree to her symptoms, and induced her to laugh at his antics and publicly avow her cure.

Irrespective of whether the patient actually had divested herself of a reality which caused her illness, in terms of her publicly received behaviour, her role as patient had been transformed into that of a member of the audience. The last barrier to her cure had been removed and the way cleared for a complete re-transposition out of a malign demonic world defined in the early exorcism sequences and established by the closed and contained structure of the ritual

frame. The return to a reality as normals should conceive it was now unambiguously presented with the appearance of the actor unmasked before the patient. The structures demarcating the ritual area were destroyed and removed.

The ritual I have described was successful. The girl, as declared in her own statements and others in her household, was cured. She returned to her household and other tasks in a manner accepted as normal by those around her. She was married shortly before I left the field. That she was cured was directly attributed to the exorcism ritual by the patient's kin and others in the audience drawn from the local neighbourhood. They declared complete satisfaction with the organization of the performance. It was stressed that the performers had not been carried away by their own expertise. That as far as the girl's kin and neighbours had understood the proceedings, the ritual episodes had been correctly performed. Indeed, the exorcist troupe who performed this ritual were among the most proficient I had the pleasure to observe during my research. The leader of the troupe, unlike others I have witnessed, was expert in the timing and organization of the ritual procedure.

Comedy, Performance and Cure

This essay began with the relatively narrow concern of considering the role of comedy, fun and jokes in Sinhalese healing ritual. This led to a consideration of broader issues of which two in particular received extended attention. The first was concerned with how a ritual achieves its central aim of effecting a cure. The second was directed at the analysis of ritual in the context of its performance. These interests were both related to my initial concern. A cure in the context of a demon exorcism involves a transformation in the view of a patient and an audience that the patient has passed from a state of illness to health, or that demons are no longer regarded as being at the root of the malaise. Likewise, a Sinhalese healing rite is transformational not only with respect to the degree it effects a cure but also in the structure of its processional form. Thus it moves from ritual statements concerning the malign control and superiority of demons over human beings to statements supported by ritual action that demons are inferior to human beings and subordinate both to them and to deities. Following Bateson (1973) and others (Cox, 1970; Douglas, 1968) my argument hinges on the property of comedy and humour as transformative: that is, comedy and humour play a central role in the structure of Sinhalese healing rites in effecting both a transition in a patient from an agreed state of illness to one of health and in the transformation of the meaning and structure of the ritual.

This emphasis does not see the prescribed performance of comic and laughter-evoking acts as simply entertainment or as a mechanism for the release of tensions, a fairly common mode of explanation used by ethnographers to account for the appearance of humour in ritual in diverse ethnographic contexts. It is legitimate to view comedy and humour in these ways, but in the context of Sinhalese healing rituals these functions are by no means specific to them. The tensions in the ritual which builds up as it moves through certain periods of crisis is dissipated in many of the spectacular dance episodes. The breaks between ritual episodes also assist in a dissolution of this tension. Entertainment and the attraction of an audience, essential for a public recognition of a cure, is achieved through dance, the exciting rhythm of drums and the entrancement of a patient.

Comic dialogue and action, jokes, puns, witty repartee have functions and transformative properties more specific to them. Three can be isolated. First comedy and joking, the acceptance and participation in them by ritual participants involves a suspension in the rules and ideas which govern more serious action. It is no accident that in ceremonials, festivals and rituals where the rules governing normal everyday behaviour are held not to apply or are reversed that this is so often expressed in the form of comic behaviour, grotesquerie and joking. They are at one and the same time the means whereby rules of behaviour can be suspended and the medium within which this suspension can be couched. Second, the form which comic action and joking takes, the very stuff of which it is made, involves the juxtaposition, frequently in an absurd way, of opposed interpretations. Ideas, concepts, referents hitherto seen to operate in distinct, separate domains are linked, brought together, in apparently absurd, 'impossible' and unexpected ways. The linking of apparently incontrovertible ideas and concepts is a major device used by Sinhalese ritual comedians to evoke the realization of the comic so often expressed by laughter. Thirdly, much comedy and humour, as I have already suggested, operates at the level of the intellect. It works with reference to concepts and ideas. To be caught up in laughter and the expression of mirth which one shares with others, to laugh when others laugh, communicates to the others a shared understanding that what one individual sees as funny is also seen as such by them. It expresses that each and everyone belongs to the one community which sees things in much the same way: as Turner might say, it is the expression of communitas.

These three aspects of comedy and humour, their role in suspending other guidelines or action, their linking of separate and diffuse ways of thinking and acting, and their working on the intellect, have their transformative potential and significance revealed in the context of a Sinhalese healing ritual. I summarize my argument, first in relation to the achievement through ritual of a cure. Basic to my discussion of this was that exorcists seek to restrict their curative skills and procedures to the treatment of the 'overdetermined'[21] aspects of illness. That is patients, in the view of exorcists and audience alike, are understood to adopt a mental attitude which is unidimensional. Patients construct an image of the world, of the supernatural and their relationship to it in which demons reign supreme and control their every action. All events and manner of experience in which the patient is involved in everyday life are interpreted and rendered meaningful in terms of this particular construction. The expressions by a patient of fear and fright at objects and ideas which have a supra-mundane reference constitute behavioural indicators that the patient has constructed a frightening reality in which she is subordinate to the control of demons. The patient must have this mental attitude readjusted and her ideas concerning the ordering of the supernatural worlds and her relationship to it redefined for a cure to be completed and for a relapse or continuation of

21. Freud has used this term to describe, among other tihngs, the condensation of a number of different thoughts into a single image in dreams. It has, as well as its use in psychoanalytic theory, been recently developed and applied by others such as Althusser. He states, for example, that "Ideology, then, is the expression of the relation between men and their 'world', that is, the (overdetermined) unity of the real relation and the imaginary relation between them and their real conditions of existence. In ideology the real relation is inevitably invested in the imaginary relation, a relation that *expresses a will* (conservative, conformist, reformist or revolutionary), a hope or a nostalgia rather than describing a reality" (1969:233-34). I use the term in a way very similar to that used by Althusser here.

the illness, in terms of ideas of demonic intervention, to be averted. I also argued that demonic illness and cure can be seen in terms of 'labelling theory'—that much of the sick behaviour of patients is a product both of the definition of self by a patient and the definition of a patient by others as being afflicted by demons. Comic dialogue and joking suspends belief that what has been so defined and accepted is any more the case. Puns and jokes, which in their form interlink and juxtapose a variety of disparate interpretations and meanings are vehicles whereby alternative ways of constructing reality and diverse ways of interpreting experience and relating behaviour in a mundane environment can be presented. The jumbling of concepts and ideas together with the variety of interpretation which can be placed upon them establishes a condition whereby they can be resorted and organized into a form which is consistent with a normal, healthy view of the ordering of the supernatural world and the relationship of human beings to it. Ribaldry and obscenity, such regular elements of comedy and joking behaviour, are used to topple demons from the position of superiority they have usurped, to reduce them to a position beneath human beings, and to exclude them from the mundane environment of human beings which they have so rudely entered and the equilibrium of which they have momentarily disturbed. Because comedy works at the level of the intellect, operates directly on the mind, it challenges current conceptualizations and demands, enjoins and forces a re-labelling of the mode in which illness or misfortune is to be comprehended. As Bateson argues, the moment when the audience explodes into laughter constitutes such a re-labelling of the mode. Langer (1953) has written brilliantly on the subject of humour in comedy and notes that in comedy well-performed we do not laugh so much at a string of jokes, which outside their context might not appear funny, but laugh '*at the play*'. So, too, in Sinhalese exorcisms. In the comic episodes, developed as they are in a ritual context to cure a serious condition, they afford patient and audience an opportunity to laugh at and treat derisorily conceptualizations, and by extension the ritual format in which they receive their greatest elaborations, which relate to the construction of a reality in which illness is defined.

There are many other aspects of a large-scale healing ritual which can be seen as serving a curative function. Thus the actions whereby the exorcists draw out elements of the patient's illness, the entrancement of the patient as a result of which the patient, as some have argued (e.g. Kiev, 1972), might become more susceptible to alternative suggestions, the recitation of mantra, can all be seen as having curative effects. Likewise, too, laughter and comic dialogue are curative devices, for exorcists see them as 'cooling' patients, calming and diverting their attention from a focus on a frightening diabolical reality. Comedy and humour, alternated with the shocking appearance of *Mahasona* or the sudden plunge of *Maru sanniya* is recognized by exorcists as a means for intensifying the jolt experienced by the patient which increases the likelihood of the demons relinquishing their grip.

While in no way intending to under-rate the significance of these and other aspects, either separately or in conjunction, I stress the importance of comedy and humour because they have the property of breaking form. Trance, dance, magical incantation and manipulation, at least in Sinhalese healing ritual, develop and are an elaboration upon ideas, principles and themes in terms of which the healing ritual is initiated and proceeds. They do not challenge these ideas and principles. But comedy and humour does, and by so challenging they enable the subversion and negation of ideas and principles which occasioned the early development of the ritual, assigned particular meanings and senses to symbolic actions, and the definition of the patient as ill.

There is a paradoxical quality to healing rituals, a strain to greater inconsistency as they proceed. As the patient approaches the threshold of a ritually defined cure, as elements of the illness are drawn out, as the connection between demons and the patient is severed, as her changing state becomes progressively out of tune with the ritual form within which her behaviour is set. The ritual form, the ideas and principles which underlie it, must be broken and re-defined so that her changing state is made consistent with the ritual context in which it develops. Comedy and humour, as onslaughts on form, are thus key devices for breaking with accepted convention and associated ideas. They are a vital means whereby elements of the ritual form can be re-defined, alternative ideas introduced and affirmed, and new meanings and senses given to action within the ritual context made more consistent with the patient's changing state.

A major concern of mine was to examine a healing ritual in the context of its performance. A general aim was to show that the way a ritual is performed has considerable bearing on the degree to which patient and spectators recognize that a cure has been effected. Turner has drawn attention to the importance of considering the performance aspects of ritual when he likens Ndembu circumcision ritual to a musical score. "Neither the properties of the orchestra *qua* social group, nor the properties of the score, taken in isolation from one another seemed able to account fully for the observed behaviour, the hesitancies in certain passages, the lapses in rapport between conductor and strings, or the exchanged grimaces and sympathetic smiles between performers" (Turner, 1969:136). I have shown, for example, how the exorcists in performance must maintain a focus on the patient and must continually relate back to the patient the meaning and import of their actions, especially those elaborated in the discursive comic episodes. Through the excellence and style of their performance they can demonstrate the authenticity of their behaviour and generate confidence in their expertise as curers and exponents of the art of healing. A finely orchestrated performance inter-relates and integrates what might become separate and independent ritual episodes into a single unified whole. As such, the transition of the patient from a recognized state of illness to one of health, the contexts in which these states are defined, the transformations in meaning and structure of the ritual which have occurred over its course, are made apparent and communicated to all those present. A ritual well-performed increases and magnifies its curative force. I contend that anthropologists have not given sufficient attention to the dynamics of performance. Because of this they have not explored, as well as they might, the conditions which lead to ritual failure or success in the sense of its declared objectives. Many of the Sinhalese healing rituals I observed were regarded as failures by those who witnessed them. Important re-definitions, re-labellings, of the patient's conditions were not achieved. The patient, the patient's kin and others in the audience went home dissatisfied with the ritual as a cure and as a performance. Although more evidence in the form of comparisons between a number of performances needs to be presented, I suggest that some of the factors which relate to the failure or success of a healing ritual are located in the nature of the performance itself.

Much of the analysis concentrated on the process whereby the rules of ritual procedure, the sequencing of acts and their content, which exist independent of performance, are translated into action through a variety of rules of performance. Stress was placed on the way in which the content of ritual

episodes, the medium of their presentation and the manner of their performance affected the definition of meaning and its communication to participants and organized them into the ritual action. I applied the concept of frame to the analysis and showed how the structure of the frame around ritual activity was a product of the interaction between procedural rules and the rules of performance which translated the former into action. Dependent on the structure of the rules setting the frame at any particular time in the ritual process. whether it was, for example, closed/contained or open/uncontained, was the meaning and sense being communicated by the ritual action and the extent to which all or a restricted section of those gathered at the occasion could participate centrally in the ritual activity. When the frame was closed/contained, as in the early ritual episodes, meaning was confined within a reality governed by the malign supernatural and active ritual participation was limited to the patient close kin and ritual specialists. As the ritual progressed the rules setting the structure of the ritual frame changed so that by the concluding stages of the ritual it was open/uncontained. All people gathered at the ritual were directly involved in the central action and the meaning being communicated had multiple references both to supernaturals and the mundane environment of human beings.

The point here is that the structure of the ritual frame became transformed in the course of performance and this transformation corresponded with the re-definition of the patient as cured in the sense that she was no longer subject to demonic influence. In the concluding episodes of the ritual, understandings (of the power of demons over human beings, their position in a supernatural hierarchy, their relationship to human beings and to their mundane environment, as well as other ways, not necessarily with reference to the supernatural, in which human action and experience could be comprehended) counter to those portrayed in the earlier sequences were developed. These counter understandings were confirmed within a changed structure of the ritual frame. It was the rules setting the frame around these later ritual sequences which facilitated and supported the expression and elaboration of these counter understandings. Moreover, they enabled the isolation of the patient in a world as others saw it, an isolation which, I argued, impelled her to redefine her condition. In addition, the changes in the structure of the ritual frame constituted a subversion, a destruction, of an earlier ritual frame which supported and permitted the construction of the demonic world which was understood to have enveloped and consumed the patient. The destruction of this world, and the frame within which it was constructed, defused the highly dangerous aspect of the earlier exorcism sequences. Although dangerous they are necessary, for demons must be conjured up, attracted to the ritual place, for their connection to a patient to be magically severed and for them to be banished from the scene. But the shift in the rules setting the frame results in the establishment of a ritual context in which demons are unwelcome intruders and within which a patient's behaviour as a sufferer from demonic sickness is unwarranted and unsupported.

How are the rules setting the ritual frame changed and its structure thereby transformed? This is important as, too, is the communication and realization of this transformation to participants. It is here that we can return to a consideration of comedy and humour. I have argued that comic behaviour, joking and fun, suspended other guidelines for action. Comedy in the ritual described was a key device whereby the rules organizing activity in the earlier episodes were suspended, and the audience invited to participate actively.

The character of much comic action and joking derived its force from linking ideas and ways of behaviour relating to the world of the healthy, unafflicted, with those which organize the behaviour of those who are understood to be subject to the malicious control of demons. Comedy and humour, therefore, by suspending previous rules governing action and by linking the past to the future, what has been to what must be, are a means whereby the content and form of the ritual frame can be redirected and transformed and communicates, renders recognizable, this transformation to participants.

One final point requires emphasis. This is the role of comedy and humour in engaging the audience centrally in the action. Geertz (1972) in his analysis of the Balinese cockfight has approached the problem of what involves an audience in the central activity of an occasion when he distinguishes between deep play and shallow play. This problem is of considerable importance for my analysis because an attentive audience in a large-scale exorcism is vital for publicly received re-definitions of the patient's condition to be secured. For Geertz the size of the centre bet and status of contestants are major factors leading to the engagement in the central action. In Sinhalese exorcisms the most important devices, I consider, are comedy and humour. Not only do they gain their attention by providing lively entertainment, they involve them intellectually, drawing on a wide range of concepts, ideas and experience shared by most of the people gathered and not simply specific to the patient or her close kin.

I have shown that comedy and humour, the organization and process of a ritual performance, and the achievement of a cure, as understood and received by ritual participants, are closely interwoven. The paper has also generally essayed an approach to the study of ritual which focusses on the interaction, in the course of the manipulation of ritual act and symbol, between ritual specialists, a patient, the patient's kin and other interested members of an audience. Ritual has been seen, in many other studies, as simply a key for interpreting the structure of a religious system or as a reflection of social processes (for example, those connected with the organization of status and power in a community) which often lie outside the ritual events themselves and do not necessarily define its essential purpose. I have attempted, therefore, to develop, in a small way, a methodological and theoretical approach which not only allows ritual as performance to be examined but also permits some understanding of how meaning in ritual is conveyed to ritual participants. An attempt has been made to show how the organization of activity within the unfolding structure of a ritual works not "simply on the psyche of the patient, in terms of a private set of fears, but on those of the friends and kinsmen at his bedside in terms of their widest social concerns" (Douglas 1970:307).

BIBLIOGRAPHY

Althusser, L. 1969. *For Marx*. Penguin Books.

Ames, M. 1964. 'Magical Animism and Buddhism: A Structural Analysis of the Sinhalese Religious System' in Harper, E. E. (ed.), *Religion in South Asia*. University of Washington Press. Seattle. Pp. 21-52.

Ames, M. 1966. 'Ritual Prestations and the Structure of the Sinhalese Pantheon' in Nash, M. (ed.), *Anthropological Studies in Theravada Buddhism*. Yale University, South East Asia Studies. Pp. 27-50.

Bateson, G. 1955. 'A Theory of Play and Fantasy' in *Psychiatric Research Reports*, 2. American Psychiatric Association.

Bateson, G. 1973. *Steps to an Ecology of Mind*. Paladin.

Beattie, J. 1776. *Essay on Laughter and Ludicrous Composition*, in *Essays*. William Creech. Edinburgh.

Bergson, H. 1911. *Laughter: An Essay on the Meaning of the Comic*. Macmillan. New York.

Bloch, M. 1974. 'Symbols, Song, Dance and Features of Articulation', *European Journal of* Sociology, 15 (1). Pp. 55-81.

Burns, E. 1972. *Theatricality: A Study of Convention in the Theatre and in Social Life*. Longmans. London.

Cox, H. 1970. *The Feast of Fools*. Harper Books. New York.

Douglas, M. 1968. 'The Social Control of Cognition: Some Factors in Joke Perception', in *Man* n.s., Vol. 3, No. 3. Pp. 361-376.

Douglas, M. 1970. 'The Healing Rite', in *Man* n.s., Vol. 5, No. 2. Pp. 302-308.

Geertz, C. 1966. 'Religion as a Cultural System', in Banton, M. (ed.) *Anthropological Approaches to the Study of Religion*. A. S. A. Monograph C3. Tavistock. London.

Geertz, C. 1972. 'Deep Play: Notes on the Balinese Cockfight', in *Daedulus*, Vol. 101 (1). Pp. 1-37.

Gerard, A. 1759. *An Essay on Taste*. London.

Goffman, E. 1971. *Encounters: Two Studies in the Sociology of Interaction*. Bobbs-Merill. Indianapolis.

Gombrich, R. F. 1971. *Precept and Practice: Traditional Buddhism in the Rural Highlands of Ceylon*. Clarendon Press. Oxford.

Handelman, D. and Kapferer, B. 1972. 'Forms of Joking Activity: A Comparative Approach in *American Anthropologist*, Vol. 74, No. 3. Pp. 485-517.

Jackson, A. 1968. 'Sound and Ritual' in *Man* n.s., Vol. 3, No. 2. Pp. 293-299.

Kant, I. 1790. *Kritik der Urteilskraft*. Lagarde. Berlin.

Kapferer, B. 1974. 'First Class to Maradana: The Sacred and the Secular in Sinhalese Exorcism'. Paper presented to the Burg Wartenstein Symposium No. 64 (Wenner-Gren Foundation for Anthropological Research) and to appear in Moore, Sally F. and Myerhoff, Barbara (eds.) *Secular Ritual*.

Kaplan, D. and Manners, R. 1972. *Culture Theory*. Prentice-Hall, Foundations of Modern Anthropology.

Keith-Spiegel, P. 1972. 'Early Conceptions of Humor: Varieties and Issues' in Goldstein, J. H. and McGhee, P. E. (eds.) *The Psychology of Humor*. Academic Press. London. Pp. 4-39.

J. H. and McGhee, P. E. (eds.) *The Psychology of Humor*. Academic Press. London. Pp. 4-39.

Kiev, P. 1972. *Transcultural Psychiatry*. Penguin. London.

Klapp, O. E. 1949. 'The Fool as a Social Type' in *American Journal of Sociology*, Vol. LV. Pp. 157-162.

Langer, S. K. 1951. *Philosophy in a New Key*. Harvard University Press. New York.

Langer, S. K. 1953. *Feeling and Form*. Routledge. London.

Leach, E. R. 1962 'Pulleyar and the Lord Buddha: An Aspect of Religious Syncretism in Ceylon' in *Psychoanalysis and the Psychoanalytic Review*, Vol. 49, No. 2. Pp. 80-102.

LeLemart, E. M. 1967. *Human Deviance, Social Problems and Social Control*. Prentice Hall. New Jersey.

Levi-Strauss, C. 1968. *Structural Anthropology*. Allen Lane. London.

Needham, R. 1967. 'Percussion and Transition' in *Man* n.s., Vol. 2 (4). Pp. 606-614.

Obeyesekere, G. February 1963. 'The Great Tradition and the little in the Perspective of Sinhalese Buddhism' in *The Journal of Asian Studies*, Vol. xxii, No. 2.

Obeyesekere, G. 1966. 'The Buddhist Pantheon in Ceylon and its Extensions' in Nash, M. (ed.) *Anthropological Studies in Theravada Buddhism*. Yale University, South East Asia Studies. Pp. 1-26.

Obeyesekere, G. 1969. 'The Ritual Drama of the Sanni Demons: Collective Representations of Disease in Ceylon' in *Comparative Studies in Society and History*, Vol. 11.

Obeyesekere, G. July 1970. 'Ayurveda and Mental Illness' in *Comparative Studies in Society and History*, Vol. 12, No. 3. Pp. 292-296.

Pertold, O. 1930. 'The Ceremonial Dances of the Sinhalese: An Inquiry into the Sinhalese Folk-Religion', *Archiv Orientalni*, Vol. 2. Pp. 108-137, 201-254, 385-424.

Raghavan, M. D. 1967. *Sinhala Natum*. M. D. Gunasena & Co., Ltd. Colombo.

Rosenhan, D. 1973. 'On Being Sane in Insane Places' in *Science*, Vol. 179, No. 4070. Pp250-258.

Sarachchandra, E. R. 1966. *The Folk Drama of Ceylon.* Ceylon Department of Cultural Affairs.
Scheff, T. 1966. *Being Mentally Ill.* Aldine. Chicago.
Schopenhauer, A. 1819. *Die Welt Als Wille und Vorstellung.* Brockhaus. Leipzig.
Spencer, H. 1860. 'The Physiology of Laughter' in *Macmillan's Magazine,* Vol. 1
Spiro, M. E. 1967. *Burmese Supernaturalism.* Prentice Hall.
Spiro, M. E. 1971 *Buddhism and Society.* Allen and Unwin. London.
Tambiah, S. J. 1968. 'The Magical Power of Words' in *Man* n.s., Vol. 3, No. 2. Pp. 175-208.
Tambiah, S. J. 1970. *Buddhism and the Spirit Cults in North-East Thailand.* Cambridge University Press. Cambridge.
Turner, V. W. 1967. *The Forest of Symbols.* Cornell University Press.
Turner, V. W. 1969. 'Mukanda: The Politics of a Non-Political Ritual' in Swartz, Marc (ed.), *Local-Level Politics.* University of London Press. London.
Waxler, N. E. 1972. 'Social Change and Psychiatric Illness in Ceylon: An Investigation of Traditional and Modern Conceptions of Disease and Treatment' to appear in Lebra, W. (ed.) *Mental Health in Asia and the Pacific.* University of Hawaii Press, Mimeograph version.
Wirz, P. 1954. *Exorcism and the Art of Healing in Ceylon.* E. J. Brill. Leiden.
Yalman, N. 1962. 'On Some Binary Categories in Sinhalese Religious Thought' in *Transactions of the New York Academy of Sciences,* Series 2, 24.
Yalman, N. 1964. 'The Structure of Sinhalese Healing Rituals' in Harper, E. B. (ed.) *Religion in South Asia.* University of Washington Press. Seattle. Pp. 115-50.