

Absorbing pressure: Bodily ‘tension’ in a changing Himalayan world

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Abstract

The Gaddi community of the Indian Himalayas experience the present as fraught with various, entangled pressures – pressure to ensure upward social mobility and inclusion in India’s middle class, pressure to secure stable domestic incomes, pressure to maintain sexual and gendered propriety. Written by [Nikita Simpson](#), this piece examines how such pressures are not evenly distributed across the community but are absorbed by particular people through the experience of bodily and mental ‘tension’. ‘tension’, Simpson argues, both registers these pressures in the body, and allows people to push back against them, issuing a particular and paradoxical account of power and the body.



A view of the Dhaula Dhar range from below. Photograph by the author.

The Gaddi people, who inhabit the lower foothills of the Indian Himalayan Dhaula Dhar range, experienced a number of structural transformations in the past century. An ecological crisis, precipitated by neo-colonial environmental policies, has dramatically shifted their landscape. They have given up their traditional agro-

pastoral livelihood in favour of waged labour as pastures and properties in Himalayan foothills have become enclosed. Hierarchies of caste and social status have become unyoked from livelihood practices. They have shifted their religious practice from Shaivite animism toward more muscular Hindu mainstream religion. Their practices of kinship and marriage have become increasingly nuclearized, dependent on [an intimate conjugal bond](#). As a result of these changes, the Gaddi community experience the present as fraught with various, entangled pressures – pressure to ensure upward social mobility and inclusion in India’s middle class, pressure to secure stable domestic incomes in a boom-and-bust entrepreneurial economy, pressure to maintain sexual and gendered propriety in an increasingly politicised public sphere.

In this piece, I examine the ways in which these intersecting pressures converge in the intimate and embodied experience of “tension” for Gaddi women. ‘tension’ (tenshun) is an English word, yet it is smoothly mixed into Hindi dialogue today. Across South Asia, ‘tension’ is used by people without noticing, an ordinary expression that one heard so often it lost poignancy. “No ‘tension’ madam,” a taxi driver reassures after a near-miss on the road; “she gives me so much ‘tension’,” a mother laughs off her daughter when she spills tea. While I was conducting fifteen months of immersive ethnographic fieldwork with Gaddi women in Kangra, Himachal Pradesh, the term was used to speak to the entangled relational and structural pressures that were a product of rapid social, economic, political, and environmental change. ‘tension’ was not only a communicative discourse through which people spoke of the pressures of life. It encompassed various material states of bodily pressure that were articulated through a range of somatic and supernatural symptoms. I show how ‘tension’ both registers and allows women to push back against these pressures, issuing a particular and paradoxical account of power and the body.

Pressure is not evenly distributed across the Gaddi community. Instead, pressures are absorbed by certain bodies, in particular ways. The bodies of the elderly absorb the burdens of tradition, as they attempt to maintain the connections with the landscape and its flora and fauna that are central to pastoral labour. The bodies of younger women absorb the burdens of the household, reproducing status gains without stable incomes or government support. The bodies of members of lower caste communities absorb the burdens of [social inclusion](#) in the wider Gaddi tribal group despite histories of discrimination.

These pressures come to shape the relations between generations, neighbours, and caste groups. Within the household, conflicting ideas of what counts as the ‘good life’ – what kinds of labour and religious practices secure wellbeing – split the elderly from the young. Within the neighbourhood, new forms of inequality produced by a diversification of waged incomes cleave brother from brother. Across the community, a struggle for social precedence and respect issues new tensions between caste groups. And yet, such pressures are not often spoken of explicitly. Instead, they are whispered in morsels of gossip, in rumour, in latent anxiety and pulsing distress that runs along kinship relations and circulates through neighbourhoods ([see Simpson 2023b](#)). In ‘tension’, and particularly its bodily states, they creep or even erupt into the body in unsettling sensations.



A grandmother and her daughter-in-law sit together in the courtyard of their shared home. Photograph by the author.

Sitting together with a group of women assembled for their monthly savings group meetings in a house high in the Dhaula Dhar foothills, I was laughed at when I asked tentatively about ‘tension’. And yet, the

women became very animated about the myriad ways in which they were all absorbing it in the sinews, muscles and joints of their bodies.

“Every Gaddi woman has ‘tension’,” the strong voiced woman sitting in the middle of the circle retorted, sweeping her arms across the rolling valley. “Yes,” another agreed, and she began to list. ‘Ghar’ (household) ki ‘tension’, ‘bacca’ (child) ka ‘tension’. Others jumped in – financial ‘tension’, husband ka ‘tension’ – they rattled them off together. “‘tension’ is part of the ‘sukh-dukh’ (ups-and-downs, or happiness and sadness) of life,” a quieter woman sitting on the outskirts of the circle muttered, looking up from her knitting. “Also, maximum ladies have pain (dard, pira) and ‘tension’ ki bimari (illness),” cried a fourth woman as she brought in a tray of tea. Back pain, knee pain, joint pain. They each pointed to their ailments. “Too much ‘tension’, too much body pain.” Another woman whispered and began to massage her temples. “When I get too much ‘tension’, I get high BP. Then other times I get low BP. The doctor just tells me to go and rest. I know there is no medicine for my ‘tension’.” “What about men?” I asked. “Ah Gents, they have ‘tension’ too, but they can just drink or go off to their duties. It is women who have to manage everything,” the bolshy woman said dismissively. “They just drink and eat and sleep”.

“What about you?” I asked a younger, unmarried woman who sat beside her mother. “I have ‘tension’ too, but it is different from my mother. It is like future ‘tension’.” Her mother jumped in, “The young girls, they have mobile phones and want to go to college, this is their ‘tension’.” “And older women?” I asked. The woman with the tea tray gestured to an elderly woman, sitting in the corner of the veranda, alone. “See that woman there, she is my mother-in-law,” the woman explained. “Her life has been very hard, she has lost many children, and done so much work, in the house, in the fields. Now her body is tired. She is weak (kamzor).” I wandered over to this woman, hunched in the corner. The woman was playing with a set of small rocks that were collected in a heap. She was counting them out, then returning them to the heap. She did this again and again, looking up to smile at me. “She took too much ‘tension’. Too much pressure. Now she is mentally disturbed,” the quiet woman whispered to me later, pointing to the elder woman discretely, then pointing to her head.

‘Tension’ was the thrumming of the temples, the build-up of energy behind the eyes. It was the rising heat within the body, emanating from the womb. It was strain pooling in the curve of the back or burning in the socket of the hip. Many of these variably pressurised sensory states came to be articulated through biomedical categories or traced their outlines. For example, having high or low ‘BP’ was a very common means by which women articulated experiences and sensations of ‘tension’. High BP, though not necessarily medically diagnosed as hypertension, was experienced as an excess of heat and energy in the body, a state of excitement (utshuk) (see [Cohen 1998](#), [Weaver 2017](#), [Snell Rood 2015](#)). It was also held in the head, a chronic headache similar to the ‘brain ache’ or dolor de cerebro experienced by Nicaraguan grandmothers described by [Kristin Yarris \(2011\)](#). It could be concentrated in the heart and chest – associated with panic (ghavrat, dil ghavrat) or feelings of suffocation.

'Low BP', by contrast, was even more tenuously linked to clinical evidence. Instead, it was experienced as a loss of mental motivation (*soosth*) and physical vitality (*takat*) that led to exhaustion and fainting spells. It could result in fever (*bukhar*), in one's blood becoming 'bad' or in jaundice (*piliya*). What is ethnographically important for studying 'tension' and conditions like high or low BP, however, is not the category itself, or whether, as [Veena Das](#) put it, it is 'folk' or 'expert'. The impulse ought not be one of biomedical classification or taxonomy. It ought not be toward clinical universalism or cartesian splitting of body and mind ('tension' is really hypertension, 'tension' is really depression). Instead, what is interesting about 'tension', and indeed the study of other emic theories of pressure, is the way meaning is not fixed, and the condition of pressure is at once material, relational, and affective. 'tension' allows its sufferers to speak, through their intimate bodily complaints, to wider relational conflict and strains, to unsettling domestic or neighbourhood atmospheres, and to wider structural issues of poverty, inequality, environmental destruction.

Let us take two specific examples. As I have examined in an article published in [Medical Anthropology Quarterly](#) (Simpson 2022), some elderly Gaddi women commonly experience 'tension' as a state of 'kamzori' or bodily weakness. These women experience 'kamzori' through feelings of fatigue, a loss of bodily substance, and a wastage of muscles. In many Gaddi women, these complaints don't only speak to a bodily condition of insufficiency, but to a wider condition of neglect, particularly from younger generations within the household, who refuse to carry out the economic and ritual labour that these women see as essential to the reproduction of their community's wellbeing. In expressing 'kamzori', these elderly women render visible the sacrifice that they have made for their kin, to register that the present circumstances of care are not meeting their needs, without directly disrupting domestic relations.

However, it is not only the elderly who absorb and articulate such pressures in their bodies. Their daughters and daughters-in-law, married women who are responsible for vast networks of domestic kinship and care, also hold 'tension'. As I expand on in an article published in the [JRAI](#) (Simpson 2023a), married women express and experience 'ghar ki tension' – or 'tension' of the household – as an overheating of their bodies, that erupts as high blood pressure and other bodily ailments. In expressing 'ghar ki tension', the body becomes strained in a way that mirrors strained domestic atmospheres and relations. Women articulate the insecurities of the domestic worlds, without giving up on them altogether.

In these two examples, the articulation of wider pressures through pressurised bodily states indicates a paradox of power. Perhaps a Marxist account would take the articulation of distress through the body as a form of false consciousness, or cognitive dissonance. Take, for instance, the illustrative analysis that [Nancy Scheper-Hughes](#) gives of the pressurised bodily state of *nervoso* in Brazilian cane workers. Scheper-Hughes argues that the ailments that the cane workers call *nervoso* are a "somewhat inchoate, oblique, but nonetheless critical reflection by the poor on their bodies and on the work that has sapped their force and their vitality" (1992: 195). But the fact that this condition locates distress in the mind, she argues, leaves its

sufferers unable to contend with the true shape of their embodied realities of hunger. It leads them to blame themselves, rather than their employers, for their ‘miserable’ lives – resulting in a form of “collective delusion” that keeps them from taking up arms or resisting their labour conditions.

However, in the two examples I have given, and in the wider terrain of ‘tension’ in the Gaddi community, I believe it would be a patronising erasure to argue that bodily symptoms only stand in for more real or meaningful forms of agency and resistance. Instead, I argue that the pressurised body is both. On one hand, the painful, unsettling somatic symptoms of conditions like ‘ghar ki tension’ or ‘kamzori’ show the imprint of wider structures of oppression on vulnerable bodies. Or put another way, inequality and exclusion is determined in who absorbs structural pressures. On the other hand, the act of telling ‘tension’, the articulation of bodily pressure, allows for a suspension of time – it introduces a pause in social relations that registers the unacceptable impact of such structural forces. Expressing a pressurised bodily state allows people to scale upwards from their intimate bodies, to critique unequal social burdens, and push back against broader structural conditions.

Herein, the pressurised body is both and neither empowered/disempowered, oppressed/agentive. Instead, the pressurised body mediates wider circulations of power. As [Laurie Denyer Willis](#) puts it, “[t]he body is not just a prison, governable and governing. It alights. An attention to this requires attention to how bodies both constitute and perceive” (2020: 256). The body is shaped by the wider structural and relational forces, but in expression of pain and distress, it reworks these forces, registering their impacts. It is only through attention to pressure, but more specifically through attention to the scalar qualities of pressure as it emanates and ‘alights’ from the body, that we come to this nuanced account of power in contemporary situations of precarity.

Biography

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