Veins of Devotion

Jacob Copeman

Published by Rutgers University Press

Copeman, Jacob.
Veins of Devotion: Blood Donation and Religious Experience in North India.
Project MUSE. muse.jhu.edu/book/6171.

For additional information about this book
https://muse.jhu.edu/book/6171

For content related to this chapter
https://muse.jhu.edu/related_content?type=book&id=140449
One of the most striking features of blood donation practices in contemporary India is the embrace of voluntary blood donation as a key focus of organized spiritual service by major devotional orders associated with the north Indian sant tradition. These orders have emerged over the last fifteen to twenty years as some of India’s highest-profile proselytizers of blood donation as a critical act of service to humanity, world, and nation. The two devotional movements on which I focus—the Sant Nirankari Mission in this chapter and the Dera Sacha Sauda in chapter 5—are both presided over by living saints, commonly known as satguru (literally “true master”), who are worshiped as gods. Like the Radhasoami movement studied by Juergensmeyer (1991, 1995) and Babb (1986), these two spiritual organizations have emerged out of the sant heritage, “the creed of the saints, a tradition associated with such figures as Kabir and Nanak” (Babb 1986: 17). This chapter is based principally on data collected from my attendance at twenty or so Sant Nirankari donation camps in various locations across Delhi. I also attended a celebration in honor of the guru’s fiftieth birthday, a huge annual gathering of Sant Nirankari devotees (samagam) in Delhi in 2004, and several weekly worship gatherings. I draw additionally on the voluminous literature generated by the movement.

My focus in this chapter is the origins and character of the Sant Nirankari Mission’s engagement with blood donation. I explore the striking ways in which devotional blood giving activities interact with devotees’ understandings and lived experience of sacrifice and the attainment of spiritual reward. The latter parts of the chapter examine devotees’ conceptions of the gift’s content: since it is devotees’ spiritual qualities and what I term “viscous love,” reified in their donated blood, that many see as providing recipients with transformative transfusions of spirit, I reconsider the classic South Asianist theme of the spirit of the gift as it surfaces in a novel biomedical context. I also focus on the complex
assimilation of allopathic substance provision to a universalizing theology (the latter being an attribute of many devotional orders [Fuller 1992: 173] and of modernist Hinduism in general [Sharma 1998]), and ask the key but hitherto over-looked public policy question: might religiously inspired blood donation produce blood that is medically unsafe for transfusion?

The Nirankari Mission, which began organizing regular blood donation camps in the mid 1980s, was as far as I am aware the first spiritual organization to do so. Analyzing this vanguard movement thus permits a view of the origins of devotional blood giving in general. In Delhi the Nirankari Mission collaborates with the Red Cross blood bank to collect as much as 20 percent of the capital’s voluntarily donated blood.3 Its many places of worship (satsang bhavans) form a vital resource for the Red Cross team, which makes regular collection visits to satsang bhavans both within and beyond the city, especially during the lean summer months. At this time, when schools and colleges are closed, the blood of students, Delhi’s other main source of blood, is replaced in blood banks by the blood of devotees. Leaflets advertising the Mission enumerate the awards it has received from the Red Cross for “highest donors provided by the NGOs,” “outstanding performance in the year 1999,” and so on. It has also received awards from the Delhi State AIDS Control Society and from the Association of Voluntary Blood Donors, West Bengal. The Mission remained loyal to the Red Cross during the time of my fieldwork, except for the odd occasion when it arranged camps with other blood banks in order to punish the somewhat lack-adaisical Red Cross team for its late arrival at camp venues. Late arrival means less collection time, resulting in the collection of fewer units—an occurrence dismaying to the Sant Nirankari hierarchy, which seeks to maximize collected units in order to demonstrate both the scale of the movement’s largesse and also the impressiveness of the guru’s ability to mobilize his devotees. Late arrival may also lead to unfulfilled donor expectations. As I demonstrate below, devotees can become extremely anxious about whether their donation will be accepted by blood bank doctors and technicians, feeling that failure to donate will debar them from receiving the guru’s blessings; physical disqualification from donation is thus experienced as a declaration of devotional or spiritual unfitness.4

The Nirankari Mission forms part of a wide, broadly inclusive sant tradition that crosses formal Hindu–non-Hindu “community” boundaries. It was evident at all the events I attended that devotees hail from a wide variety of caste and class backgrounds. But although I met many devotees who were clearly both of high-caste background and advantaged economically and educationally, the majority of devotees I encountered were poor Hindus and Sikhs: typically small stallholders, bus drivers, construction workers, or domestic servants. Members of the visiting Red Cross team tend to view the guru as the protector of his disadvantaged devotees for whom he (in the shape of the Mission) provides
subsidized medicines and foodstuffs. In addition, an insurance arrangement is in place whereby the blood bank provides free blood to needy devotees and their families in return for the units of blood the Mission supplies to the Red Cross. The movement claims to be anti-caste and egalitarian, and it would indeed truly be a scandal if a high-caste devotee refused to consume postdonation refreshments (or prashad as devotee-donors call them) along with other devotees. Although hierarchical inequality is a feature of all devotional orders, with the guru always being “recognized as superior by disciples whom he initiates” (Fuller 1992: 164), there is a level of equality among devotees themselves, who demonstrate this by touching each other’s feet as a mark of humility, a feature of Nirankari life that does not respect gender or caste conventions and which for this reason often arouses comment among outsiders. As one otherwise very admiring donor recruiter said to me: “In India you should only touch your in-laws’ feet, or your husband’s, but over there grown men touch the feet of young girls!”

The most controversial aspect of Sant Nirankari religious life, however, relates to devotees’ worship of a living human guru. This is a highly problematic issue in religious organizations connected to Sikhism. Guru Gobind Singh in 1708 proclaimed himself the final living Sikh master, designating the text that has become the central devotional focus of orthodox Sikhism, the Guru Granth Sahib, as the next and final guru of Sikh tradition. The book thus replaced living gurus as the focus for devotional veneration (McLeod 1996, 1999; Uberoi 1996). The Nirankari Mission’s heterodox worship of a living guru was thus one of the chief reasons for violent clashes that occurred between the Sant Nirankaris and orthodox Sikhs in the late 1970s and early 1980s. These clashes, as I show below, played a crucial role in the establishment of blood donation as a key attribute of Nirankari religious experience.

The Sant Nirankari Mission is distinct from the Nirankari reform movement founded by Baba Dayal (1783–1855) in order to counter the sanatan (traditional) Sikh view that God is periodically incarnated in avatars. Dayal instead promulgated a conception of God as singular and formless (nirankar), emphasized the need to read Sikh sacred texts, remember God’s name, and to remove notions of ritual impurity surrounding childbirth and other ceremonies (Oberoi 1994: 193–194). The original Nirankari movement is no longer visible as a major organization, and when Indians now speak of Nirankaris it is likely to be the Sant Nirankari Mission to which they are referring.

Founded in 1929, the Mission is flourishing in India, with around 1,000 local branches and several million devotees, and worldwide with branches in Australia, Canada, the United Kingdom, and the United States. Like the Punjab (Beas) division of the Radhasoamis (Babb 1986: 17), the Nirankari Mission combines elements of both Hinduism and Sikhism, enjoins devotees to seek “god-realization” through a living spiritual master, and regards itself not as a
conventional religion as such but instead as a “wholly new and unique religious dispensation” (ibid.: 205); and, like the original Nirankari reform movement, the Mission espouses a conception of God as formless (nirankar): “All are equally blessed by the True Master with the same divine light. To Nirankaris, religion is a means to complete union with God Almighty, Nirankar” (Sagar 1994: 18). Perhaps most important of all is the concept of gyan (spiritual knowledge). Devotees receive gyan from maha-purush (great humans) within the Mission, or on rare occasions from the satguru himself—Baba Hardev Singh. Devotees then qualify as “saints”—even the common devotee attains sainthood on receipt of gyan. Gyan must not be openly disclosed, but from many conversations at blood donation camps and other Nirankari gatherings, it seems to refer to “soul-connection,” the “eye of connection,” the unity of all humanity, and the fact that all humanity has the same Father so is bound together as one in kinship.

There are two main strands to the Nirankari universalism hinted at here: first, all those who receive gyan become saints and effectively attain enlightenment. Devotional worship in India ideally allows the devotee, whatever his or her background, to make spiritual progress and even to achieve salvation without renouncing the world. Devotionalism thus universalizes the objective of acetic renouncers (Fuller 1992: 165). Second, the central Nirankari doctrine of universal brotherhood (sarvbhaumik bhratritva) is reflected in basic principles such as (1) “Do not believe in any casteism. Everyone is born as human being,” and (2) “Religion essentially means God-realization and love for every human being” (Social Welfare Vibhag n.d.). I argue below that there is an important correlation between the universal directionality of anonymously donated blood (given for anyone, without distinction) and the second form of Nirankari universalism identified above, and that this correlation helps “endow [devotees’] understanding of inherited doctrine with personal experience and conviction” (Laidlaw 2004: 102).

The Origins of Nirankari Blood Donation

Proclaiming the Nirankaris and the guru an affront to true khalsa Sikhism, Sikh extremists assassinated the present Nirankari guru’s father—the preceding guru, Baba Gurbachan Singh—in 1980, and according to devotees, it was this event that inspired the inauguration of Nirankari blood donation activities. In comparison with the Radhasoamis, the Nirankari Mission has been incautious in its relations with mainstream Sikhism. Whereas the Radhasoamis have “not been so brazen as to claim a direct association with the Sikh tradition” (Juergensmeyer 1991: 86), the use of identifiably Sikh symbolism and vocabulary by the preceding Nirankari guru, Gurbachan Singh, led orthodox Sikhs to consider that the Nirankaris were making an intolerably blasphemous claim in not accepting Gobind Singh as the last living Sikh guru. This prompted a series of
hostile exchanges, brought to a head in 1980 with the assassination of the guru. Prior to this event, orthodox Sikhs had been ordered to refrain from food and marital relations with Nirankaris.

Many devotees I spoke with found it painful to recall these cataclysmic events of the late 1970s and early 1980s. Though theirs is avowedly a religion of love, many devotees at the time, I was told, sought to exact a terrible revenge. As one elderly devotee informed me, “When Baba Ji died the people all said [to the successor guru Baba Hardev Singh], give us an order. Command us to do something [violent] so we may also have the sentiment (bhauma) of sacrifice (tyag).” Laxshmi, a sevadar (service volunteer), told me, “When Baba Ji sacrificed his life for humanity, we were very much hurt. We said, you just tell us and we’ll kill those people.” What happened next has passed into Nirankari lore. “The people went to Baba Ji to say we should take revenge (badla), and he said, we will definitely take revenge, but by love (prem). Our revenge is to donate blood for the needy persons.”

The Mission thus seeks to convert the martyrdom of its guru from an experience of victimhood into one of self-initiated ennobling virtue, attributing to the successor guru himself the aphorism which is now used as an exhortatory slogan about the transformation of violent bloodshed into spiritually meaningful donation: “Blood should flow into veins (nari), not drains (nali).” Recalling the examples given in chapter 3 of sacrifice extensible-to-utility, the phrase also serves to rhetorically elevate the Mission above petty everyday violent disturbances, the contrast between veins and drains drawing attention to distinctions between the peace-loving Nirankaris and other religious communities such as extremist Sikhs as well as Hindu and Muslim “fundamentalists” that are wedded to violent outrages.

Devotees’ acts of blood donation therefore explicitly refer back to the precursor guru’s blood sacrifice. Each controlled Nirankari blood donation commemorates and reenacts—to a greater or lesser extent depending on the age of devotees and their emotional involvement with the originating events—an earlier uncontrolled spillage of blood. As the public address system announced at one donation event I attended: “After He [Gurbachan Singh] had sacrificed his life, lakhs [hundreds of thousands] of people wanted to be included in the sacrifice. They all wanted an opportunity to do something. Baba Ji [Hardev Singh] said [of Nirankari blood donation], ‘You are talking of one Baba Ji [i.e., the predecessor guru, Gurbachan Singh], but I have produced thousands of Baba Jis for you.’” Devotees’ request to exact revenge on Gurbachan Singh’s murderers was granted in a radical displacement from an initial desire to generate deficits into an aim of replenishing them. The succeeding guru directed his devotees’ anger into a process of “spreading love” (pyar bantna) through which sacrifice was “democratized”—made inclusive and participatory.

A further important point concerning the origins of blood donation activity among the Nirankaris relates to the other kind of offering made by
devotees: that of money. At the weekly worship gatherings I attended in Delhi’s Patel Nagar, a maha-purush (great man), dressed in white, sat silently on the dais, with devotees approaching him throughout the service to touch his feet and leave money offerings. The Mission does not demand a tithe, but there is undoubtedly pressure to give as much as one can. My friend Sudhir, who had only recently begun a new job in a software company when the present guru, Hardev Singh, turned fifty in 2004, gave the guru his first month’s salary as a birthday gift. With the Mission’s inauguration of donation camps in 1986, money was joined by blood as a critical devotional currency. Devotees, as I mentioned above, are generally from unprivileged backgrounds. Recalling Watt’s (2005: 76) argument that the performance of social service as charity in early twentieth-century India began to “democratize” giving, making philanthropy accessible to those to whom it was previously a somewhat remote and abstract concept, it seems reasonable to propose that one of the reasons that devotees have adopted blood donation so enthusiastically is that it allows them to actively participate in an area of Nirankari religious life that had until that point been problematic for them. My experiences at camps suggested to me that the devotees most eager to donate blood were indeed of very modest means.

Coleman (2004: 436) compares the circulation of words and the circulation of money among Swedish “Word of Life” Protestants: “Sacralized words have one considerable advantage over money . . . : they represent an inexhaustible medium, so that the logic of superabundance of verbal consumption is complemented by an equal abundance of production.” In donating blood, devotees are similarly able to offer a gift that does not cost money and which, as I show below, is understood to return to them either through the guru’s blessings or as an aspect of the body’s physiological processes. Like the utterance of words, there is the sense in donating blood that one is giving without losing anything; hence the ability of the poorest devotees now to make offerings.

Although in some ways blood donation clearly does involve a move toward the democratization of religious gifting, enfranchising those for whom the offering of money poses difficulties, the reality is that the nutrition of economically disadvantaged devotees will almost invariably be poor, and thus their hemoglobin levels too low for their blood to be considered medically valuable. This way, a person’s relative poverty is registered in the quality of his or her blood. A healthy hemoglobin level requires a balanced diet that includes foods rich in iron. Widespread vegetarianism is thought to be a contributory factor to the generally low levels of hemoglobin in the subcontinent (Mehta 2000: 34). But the Jains of Maharashtra and Rajasthan are prolific vegetarian blood donors, suggesting that poverty more than the absence of meat may be the critical factor. Low weight, anemia, and a history of hepatitis (often resulting from unfiltered drinking water) are all problems experienced in higher proportions among the poor, and they are also the main factors leading to ineligibility to
donate blood. Anecdotally, through discussions with doctors and my own experiences at camps, it is clear that Nirankari devotees are far more likely to be disqualified from donating than other sections of the population. I illustrate below the anguish experienced by some devotees on being disqualified. There results the unfortunate paradox that those who in my argument would be the most eager to donate are, by virtue of their poverty, the least eligible to do so. In this way, the tests performed by medics on prospective donors also test their socioeconomic status.

As was noted in chapter 1, the relationship between voluntary blood donation and class is complex. The transition from paid to voluntary donation partly represents an upward transition in the class derivation of donated blood. And yet the Nirankari case appears to suggest a countervailing movement, with blood donation seeming to promise the democratization of religious gifting. At the same time, however, donation activity is revealed to be grounded in exclusions made on the basis of relative wealth, with the tests administered by medics on prospective donors producing vivid demonstrations of India’s social inequalities.

Seva and Refraction

What of the relationships between the important triad of actors involved in devotional blood giving: devotees, the guru, and the collecting blood bank? The project of voluntary blood donation relies heavily on religious institutions, and no religious institution is more consistent or prolific in donating blood than the Nirankari Mission. Recruiters recognize the power and intensity of the relationship that exists between gurus and their devotees and attempt to enlist devotees’ regard for their guru for their own collection ends. Recruiters realize that if they are able to persuade particular gurus to endorse blood donation and hold camps in their devotional centers, they can cut down on the difficult and laborious task of issuing generalized appeals for blood donors from the population at large: once the guru is motivated, recruiters assume, his devotees will automatically comply. As one Mumbai donor recruiter told me: “I use all the god men. They [donors] have respect for god men. . . . I use these stupid sects to do my job.” A less contemptuously expressed, but just as instrumental view was conveyed to me by Dr. Debasish Gupta from the government body, the National AIDS Control Organization (NACO): “Religion is one of the important factors in India that we must tap for voluntary blood donors.” This reflects the prevalent view among proponents of social change in India—articulated more than a century ago by Swami Vivekananda—that they must pursue their projects through active engagement with its religion. It also suggests a conception of gurus’ devotees as “donor banks.” India is the land of “vote bank” politics, where different caste and religious groups are seen to vote in elections en masse as single
entities (see Khilnani 1997: 79). Donor recruiters similarly treat gurus’ devotees as convenient “donor banks,” a shortcut method of acquiring blood; the recruitment of one (the guru) constitutes the mass recruitment of his many followers.

I emphasize, however, that this is not merely a story of recruiters’ appropriation of the guru-devotee relationship in order to fulfill the requirements of medical utility. The story, rather, is of the mutually facilitative interdependence that exists between a Mission which, as I show below, appropriates voluntary donation as a means to enrich and transform the experiential basis of its religious life, and an embryonic voluntary donation that appropriates the devotional relationship as a critical source of its materia medica.

Recruiters’ enlisting of the devotional relationship depends upon the interplay of several directional intentionalities. Though the guru and the Mission’s literature declares that blood donation is service of humanity (manav seva), devotees also see blood donation as a way to serve their guru. In fact, it makes sense to view the guru as the transcendental recipient of their donations. Devotees’ orientation to the recipients of their donations is thus bifocal: well aware that their donations in fact travel to abstract “humanity,” it often appears that the focus of devotees’ giving is more the guru than actual transfusion recipients. The apparent prioritizing of the guru is so insistent that it can often seem as though devotees’ motivation is singularly focused on the guru. But in fact devotees’ orientation toward the recipients of their donations is bifocal, the gift arriving with its recipients through a dual movement: principally offered to the guru, the guru is an agent of multiple refraction (he refracts the gift to “humanity”). There is thus a productive interplay between centripetal and centrifugal directional intentionalities: centripetally directed toward the guru (from many to one), the transcendental focus of the gift multiply refracts devotees’ offerings to “humanity” (the gift is centrifuged from one to many). The gift thus travels both to and through the guru toward “humanity,” and is for one and for many at the same time—gifts to the guru are simultaneously gifts to “humanity” (see Figure 1.2).

The important role of seva (service) activities, performed by devotees for gurus, has been noted by anthropologists studying guru-led movements in India (see Babb 1986; Juergensmeyer 1991; Warrier 2003a, 2003b). Mayer (1981: 158–159) explains that devotees do the seva of a particular deity or guru. This may be termed centripetal seva—seva with a specific directional intentionality, that is, seva oriented at a guru or deity as target. Classically, guru seva involves ministering to the guru “by performing the work of a menial, by massaging his feet, and by writing down his words” (Mayer 1981: 158–159). For Nirankari devotees, participating in Mission construction works, preparing food for devotees, or offering part of one’s salary also counts as guru seva. Warrier (2003a) found that despite the Mata Amritanandamayi Mission’s professed humanitarianism, devotees of the Mission’s presiding guru, commonly known as the Mata, conduct
seva as an aspect of their devotion to her, and not humanity. Seva is thus performed “not as altruism but as panegyric” (Warrier 2003a: 279). Nirankari blood donation seva is comparable insofar as the guru’s glorification and the securing of his blessings is an important motivation; this, it is true, can sometimes lead to the conceptual effacement of actual transfusion recipients by the figure of the guru as transcendent recipient. But actual recipients do figure in Nirankari devotees’ bifocal calculations as the eventual receptacles of their donations. For example, we shall see how devotees seek through their donations to change as much as save transfusion recipients. The point is that devotees’ donations are not aimed in a transparent way toward “humanity,” but travel in a more oblique way to it through the guru who assumes the refractive role of both recipient—of devotees’ donations—and benefactor—of “humanity.”

What appears on one level to be the very specific focus of devotees’ seva activities is thus not an impediment to a newly abstracted voluntary donation for anyone but actually enables it. This highlights the important role of the guru in repersonalizing the gift. From one perspective, the policy switch from replacement donation to voluntary donation represents a move from personalized to depersonalized giving. The Nirankari guru, and I would suggest gurus in general, however, steps in as a repersonalizing factor to mediate the transition from “specific” replacement to “abstract” voluntary donation. Devotees’ gifts thus turn out to be both specific (centripetal) and abstract (centrifugal) at the same time.

Devotee-donors are aware that they are supposed to be acting as public-spirited doers of service to generalized “society” or “humanity”—that this is the Mission’s official policy. At the same time, however, they are achieving a much more familiar goal: being accepted as deliverers of service to a blessings-conferring guru who persists as the personal recipient of their gifting, despite his exhortations that it is idealized, impersonal society which should form the focus of their gifting. All this is to say that one cannot simply work backward, deducing from the impersonal effect of the gift, the giver’s impersonal motivation in giving it. Or, as Mosse (2004: 644) puts it, “The effect of things does not explain their properties.” These abstract points acquire ethnographic substance through the examples below.

**Trials of a Devotee**

It might appear that devotees’ donation of blood is merely indicative of the “extensibility” (Miyazaki 2005) of guru seva; that devotees who already give portions of their salaries, become sevadars (uniformed servants of the guru), or help in Mission-sponsored construction works (cf. Juergensmeyer 1991: 141) have simply been presented with an additional method of serving their guru and attaining his blessings (ashirvad). The violent origins of the new practice, however,
along with its enactment, which I outline below, as an austerity and a means to “convert” recipients, suggests that blood donation holds a unique position among the repertoire of Nirankari service activities. As Juergensmeyer (1991: 142) correctly remarks, guru seva is the modern analogue of traditional sacrifices and oblations. This observation is particularly perspicacious in reference to blood donation seva.

At several otherwise rather austere Nirankari satsang bhavans—decorated only with photographs of satgurus past and present—there are large painted pictures of the monkey god Hanuman. Hanuman is the ideal bhakta (devotee), performer of pristine service to the god Ram (see Alter 1992b: 198–213). He is pictured in these Nirankari venues with an open chest, torn apart in order to reveal Ram and Sita in his heart. Ram’s wife Sita had challenged Hanuman to abandon his body given that it was not inscribed with Ram’s name and therefore “useless” to him (ibid.: 209). Ripping open his chest, he revealed the corporeality of his devotion.

This was, of course, a centripetal devotion—directed at the specific target of Ram. Daniel Gold recounts the devotion of Gorakh, a nath yogi, to his guru Matsuendra. Gorakh procured food for his hungry guru in exchange for both of his eyes. Similarly, in founding the khalsa, the “pure” Sikh order, Guru Gobind Singh demanded that five volunteers offer him their lives. These stories demonstrate “the disciple’s ardent desire to serve” (Gold 1987: 175, 176). In return for their corporeal devotion, devotees attain “vision” or new and profound spiritual insights. Sometimes, such as in the case of Guru Gobind Singh, or Abraham and his son in the Old Testament, it is merely devotees’ willingness to sacrifice themselves that is being tested—there is no actual shedding of the sacrificial victim’s blood; in fact boons are awarded to them. In the Nirankari case, the satguru does not demand sacrifices for himself but for humanity. As noted above, however, devotees feel they are giving to both entities—to the satguru, and through him to humanity. There is thus, to some extent, a disjunction between what the guru demands and what devotees feel they are delivering. Devotees experience the need to demonstrate the corporeal “innerness” of their devotion to their guru as part of an “archive of inceptive moral knowledge” (Allen 1989: 48) and absorb blood donation into this moral expressionism.

Hanuman is also a manifestation of shakti (the life force, power), a quality that is acquired directly through devotion and self-control (Alter 1992b: 207). As was noted in chapter 1, Indians widely hold blood donation to induce physical weakness. That devotees donate with such commitment and discipline should not, however, be taken as a sign that they, unlike the majority of Indians, have been persuaded by donor recruiters to abandon such “superstitions.” Rather, devotees give regardless or even because of the dangers involved as an expression of the innerness of their devotion. And just as devotion resulted in shakti for Hanuman, many devotees I spoke with feel protected from the ill effects of
extraction by the blessings of the satguru, believing that true devotion results in
a replenishment of substance that would not otherwise occur.

What transpires, in other words, is divinized replenishment. At one
Nirankari camp a donor told me: “If we give blood to others, God gives us again
this supply. The blood comes back to us, given by God.” At the same camp,
another devotee, having donated, declared: “I feel fresher and well. Shakti has
come from Baba Ji’s blessings. We pray for more blood so we can give again.”
Another devotee expressed the view that “In seven days God (ishvar) replaces
the blood. If we give something to anyone, that thing gets less. But it is the
power of God (ishvar ka shakti) that more is produced.” It is not that these devo-
tees differ from the majority of Indians in viewing blood donation as a safe activ-
ity, but rather that they see themselves as being exempt from the ill effects that
would ordinarily ensue. As another donor told me: “We give with the blessings
of His Holiness. He gives us the power (shakti) to give blood.” Another devotee
stated: “We must have trust to do this because it affects the health. It is Baba Ji’s
inspiration. If he says give blood, or jump from the sixth floor, we follow his path
and he protects us.” And again: “Everyone here has the feeling that no one can
touch us with the grace of Guru Ji.” One devotee, an ayurvedic doctor, declared
that he had engaged in simeran (remembering god) as he donated:

It is not my blood. When we give he supplies (deta hai) us with the best
quality (gun). I feel a continuous flow of energy in me when I donate
blood. Energy is coming to me and I am absorbing this. Some cosmic
power (suksham-shakti) is coming to me. Always energy surrounds me
and floats around me, and when I donate it enters me. When we supply
energy to others we regain the power from our satguru Baba Ji. It regains
energy and it makes healthy blood (svasth khun) and for a whole year I
don’t get sick. When I give blood I feel a prayer in my body and that
prayer makes my body healthy.

The view that the satguru or ishvar replenishes the donor’s blood is remi-
niscent of Warrier’s findings (2003a, 2003b) among devotees of the south Indian
guru Mata Amritanandamayi: devotees attribute phenomena as mundane as
having enough petrol to get home to the Mata’s miraculous powers. It also res-
onates with the notion of qualitative karma according to which one’s karma
“comes to fruition in a way which bears a poetic similarity to the action which
initially brought it about” (Laidlaw 1995: 358), not falling ill being seen by some
donors as the qualitative effect of their helping others to recover from illness.

The devotional relationship is critical to these attitudes, with many devo-
tees seeing themselves as exceptions to the rule of blood’s irreversible depletion
by virtue of their devotion to the satguru. That Nirankari devotees donate blood
creates an interesting “rationality effect” (Das 2004: 251), for it makes it appear
that they subscribe to the claims of donor recruiters and doctors that blood
donation is a perfectly healthy activity. But blood donation is not a transparent action. Despite not subscribing to recruiters’ claims, devotees nevertheless feel that donation enhances their health, but only insofar as this is a reward for submitting themselves before the trial of donation. Like Hanuman, devotees’ replenished shakti results from the strength of their devotion and discipline in the face of something that many see as an ordeal.

There were various ways in which devotees’ concerns about the physical perils of blood donation became apparent. For instance, one camp I attended was not conducted in the usual setting of a local satsang bhavan but had been transferred for reasons of space to a nearby school. Separate rooms were used for registration, hemoglobin testing, donation, and refreshments. The organizers had displayed only one photograph of the satguru and this was in the donation room—the point in the process at which devotees most felt the need for the protection of their guru’s divine image (darshan) (see Babb 1986: 16; Fuller 1992: 59–60). At other camps I attended sevadars (service volunteers) would hold the hands of devotees as they donated.

Devotees’ assumptions about the ill effects of donation are assuaged not by the “scientific” view of donation’s safety but through their involvement in a devotional apparatus through which replenishing shakti will be fed back to devotees—to the extent that health may even be enhanced—as a spiritual reward which doubles as proof of devotional fitness. This aspect of devotees’ approach to blood donation can be further illuminated with reference to Cohen’s account of surgical operations in India and their relation to the nation-state. He writes that “A person is hailed through the family planning operation as a pre-modern and precapitalist breeder, for whom appeals to modern or bourgeois asceticism will be inadequate” (2004: 171). Sterilization thus “produces a citizen-body that acts as if it were modern” (ibid.: 167). The giving of blood, like the operation, produces modernist effects: where sterilization eliminates “frenzied” reproduction, the donating body evinces confidence in the claims of medical science about donation’s harmlessness to the donor. Many devotees, however, are hardly committed to this tenet and yet continue to donate as if they had “undergone a transformation of reason” (ibid.: 166).

Dangerous Blessings

Further evidence that devotees’ blood donations are, in transcendental terms, intended as gifts to the satguru is that for devotees it is Baba Hardev Singh rather than the eventual transfusion recipient who is posited as the principal source of the blessings accruable through donation. It was common during fieldwork to hear non-Nirankari donors presage the blessings that would later be granted by the recipients of their donations. Recipient-derived blessings are in addition stressed by donor recruiters—”Give blood, get Blessings,” as one Indian Red Cross
slogan puts it rather bluntly. As I noted in chapter 2, such blessings may obtain not only from the transfusion recipient (the primary recipient), but also from the donation’s secondary recipients—the dependents and descendants of the primary recipient. Donors imagine the myriad lives their donation may impact upon and prospectively calculate the accruable blessings in accordance with these expanded horizons. For Nirankari devotees, however, it is the guru that is in devotees’ sights as principal target and conferrer of blessings.

I suggest that devotees’ attempts to attain the satguru’s blessings may have significant implications for the quality of donated blood and therefore also for health policy in the region. Recruiters who seek to activate devotee “donor banks” as a shortcut to motivation fail to consider that devotees in turn activate blood donation as a shortcut to improve their own spiritual statuses—this being in such a manner as to imperil the safety of the gift.

The head of Nirankari service activities, Brigadier Sham Sheer Singh, whom I met many times at different camps, told me that “elsewhere people get paid, but it is all voluntary here.” When I met Mandeep Singh, a Nirankari sevadar, at a function to celebrate the fiftieth birthday of Baba Hardev Singh, he similarly sought to distinguish what he sees as the nonremunerated blood donation conducted by Nirankari devotees from the remunerated donation practiced elsewhere: “We give blood for our Guru Ji—no money, just blessings.” The claims to purity of intention made by Mandeep and the Brigadier on behalf of the Mission imply disapproval of remunerated donation.11 As was explained in chapter 1, paid donation is now illegal in India. Payment, however, persists as an “incubus” within replacement donation, with relatives too frightened to donate paying “professionals” to donate in their stead. The chief problem with paid donation is the incentive that payment gives donors to conceal information that would, if truthfully revealed, disqualify them from donating. Infection rates are thus higher in remunerated forms of donation.

So Mandeep Singh and the Brigadier both contrast nonremunerated Nirankari blood donation with the remunerated donation they see as taking place elsewhere. The problem is that devotees’ wish to obtain the spiritual remuneration of blessings gives them just as much reason to hide potentially disqualifying information as monetary payment does for “professional” donors. A blood bank attached to a Delhi government hospital recently installed CCTV cameras in order to deter professional donors who are reported to have threatened to kill the doctors who refused to bleed them. This is an extreme example, but the pained and protesting reactions of Nirankari devotees to medical disqualification (due to inadequate hemoglobin levels, high blood pressure, recent jaundice or malaria, and so on), which I catalog below, demonstrate a similar desperation to give. I shall argue that the reason for this is that devotees come to construe a biomedical criterion designed to filter out potentially infected donors as a criterion publicly distinguishing unworthy from worthy devotees.
Titmuss (1970: 130) notes the view of one policy analyst that the paid blood donor is the “avid donor”—so keen to give that he conceals personal information. Nirankari devotees, like the wrestlers competing to serve their gurus described by Alter (1992b: 211), and the lay Jains described by Laidlaw (1995: 332) who forcefully press food on renouncers, are also avid donors. Titmuss in addition provides examples of remuneration in kind such as free meals, free medical care, or days off work, all of which call into question the supposedly nonremunerated nature of voluntary donation. Thus money, though paradigmatic, is not the only kind of payment a donor may receive. What Titmuss fails to mention—understandably, given that his study is focused principally on the United States and Britain—is spiritual remuneration. In Indian devotional contexts I think it legitimate to add blessings to Titmuss’s list as a further source of danger to the safety of this particularly vulnerable form of gift.

The Brigadier is proud of devotees’ avidness, pointing to the distressed reactions of disqualified devotees as evidence of the Mission’s successful inculcation of the ethos of donation: “At our camps there are often queues of donors! Old people come and learn that at sixty-five they can no longer donate and they shed tears. Children come and ask, ‘Why can’t I give?’ Menstruating women or women with low hemoglobin, they all want to give and they shed tears: ‘Why not?! I want this opportunity!’ ” The Brigadier’s description of Nirankari donation fervor is certainly accurate, with devotees’ enthusiasm being especially remarkable given most Indians’ strong aversion to the idea of donating their blood.

Devotees’ donation fervor was abundantly apparent at each camp I attended. At one in Uttam Nagar, a woman wept on being told of her disqualification on grounds of low hemoglobin, exclaiming: “Why? Take my blood! Take my blood or I can’t go home. Baba Ji says give blood, I must give blood!” At the same camp, Naresh declared to me that he feels “too much happiness when it comes out. If someone asks me for blood I say, ‘My body is waiting for you.’ If more is required I say, ‘Please, I am ready—take from my body again.’” At a Nirankari camp in Chandigargh, a seventy-five-year-old man attempted to give blood. When told that donors must be under sixty, he said: “My blood must be taken! Others must live at my expense. What am I? What am I? Take my blood; take my blood, why don’t you take my blood?” In an attempt to calm him down, a blood bank technician eventually pricked his finger to produce a drop of blood. He then proceeded to sit down with the other donors in the refreshment area, proclaiming himself very happy. (Pricking the fingers of rejected devotee-donors to produce small quantities of blood is a pacification technique practiced by many doctors. It allows disqualified devotees to say they too have bled for their guru on what they call his day of donation.) At another camp I met thirteen-year-old Samdisha, a Nirankari since birth. She told me defiantly: “I’ve been fighting the blood bank because I want to give blood but I am not allowed.” The qualifying age is eighteen.
At a camp in Kalkaji, New Delhi, a couple in their fifties were both declared ineligible. The man had recently undergone bypass surgery and the woman had recently suffered from jaundice. To the Red Cross doctor who disqualified them, they said: “You are rejecting us but we will donate today at another blood bank. Today is my guru’s day of donation (dan ka din).” The exasperated doctor turned to me and said, “They think I have come here only to reject them. But we do it because it is bad for them as well as the one who receives the blood. They will suffer too.” Later at the camp, a female devotee was disqualified because of her low weight. She protested, “I want to donate! Why do you reject me?” Beginning to weep, she said, “Baba Ji will not bless me. It is the command (ardesh) from satguru. We have to donate.” Later on, after her finger had been pricked to produce a small quantity of blood, she said to me: “If I donate it will be useful for my career and for my life because I will get blessings (ashirvad) from my Baba.”

While attempts by some devotees to give blood despite being declared unfit suggest that helping recipients can sometimes carry less importance than the act of donation itself and the ability thereby to amass spiritual credit, the possibility must be recorded that part of the reason some devotees attempt to donate despite being declared medically unfit may have less to do with the prioritizing of the accumulation of blessings over the welfare of recipients than with their lack of familiarity with the biomedical reasons for disqualification. I show below that devotees see their blood as being made up largely of spirit, love, knowledge, and intentions—entities that they would see as being ennobling rather than harmful.

And yet, many devotees are well educated and certainly aware of the risks attached to the donation of infected blood. A point proceeds from this which relates to asceticism: as the above example demonstrates, the screening process is designed to eliminate not only donations that would harm recipients but also donations that would harm donors. Donating blood in the possession of such knowledge carries a suggestion of physical self-denial. In fact, it would appear that some donors actually welcome the thought that their physical frailness may make blood donation physically taxing or dangerous for them. They are thus inclined to treat blood donation as an austerity like those practiced in the form of fasts and other meritorious acts of ascetic discipline. For Jaipur Jains, writes Laidlaw (2002: 321), asceticism is a kind of “enlightened self-interest,” with the practice of seemingly self-denying austerities in the present ensuring the self’s future spiritual purity and advantage. So too, perhaps, with some Nirankari blood donors. Attempts made by physically frail devotees to donate are, of course, viewed negatively by medics. However, if your priority is to achieve spiritual benefits through meritorious acts of bodily austerity, such a situation may appear as a welcome opportunity. This can be seen as a disjuncture at the heart of the collaboration between blood banks and devotional orders, and is a reminder that interoperability does not equate simply with harmoniousness.
As I noted in chapter 1, recruiters acknowledge that “meanings” associated with blood donation must proliferate to make possible its interweaving with the narratives of diverse donor constituencies. The proliferation of blood donation’s signification, however, possesses the built-in danger of producing “bad meanings.” From a biomedical viewpoint, the case described in chapter 3 of a Sikh man donating on consecutive days in an attempt to expel his family’s ill fortune was an example of problematic proliferation, and so too is the Nirankari treatment of blood donation as physical austerity. From an analytical viewpoint, however, it is clear that devotees are in the process of turning the “modern” biomedical seva exploits of the Mission into a rich complex of devotional activities irreducible to simplistic “alien imposition” narratives.

The striking emphasis on blessings among Nirankaris generates a comparatively pronounced fear in debarred devotees of missing out on their bestowal. Juergensmeyer (1991: 142) notes that the Radhasoami devotee “offers seva as worship and praise, and perhaps hopes for blessings in return.” Nirankari devotees appeared to me more certain of the blessings amassable through seva. As Rohit, a bus driver, put it to me: “By giving blood we serve Baba Ji, and we know Baba Ji will return the favor multiple times.” Devotees are left in little doubt on this matter by the guru himself. At a memorial camp staged in 2004 on the date on which his father Gurucharan Singh was assassinated, Hardev Singh declared: “Do good to others and forget about it. Don’t expect anything in return.” Later he said: “Those who benefit others—God benefits them.” The reasoning I think is clear: as the Red Cross slogan declares, “Give blood, get blessings.” The only difference is that in this instance they are seen to derive principally from the satguru rather than from transfusion recipients.

So some devotees at least would seem to locate the gift’s efficaciousness as much in its ability to secure blessings for themselves as in its medical effects. Where donation is a means to an end other than helping the person into whom the donor’s blood is transfused—whether that end is the receipt of blessings, money, purer blood or whatever—blood donation is shorn of the sense it carries of being a transaction with another (the transfusion recipient), instead enacting what could be called an “amoral relationality” (Strathern 1997b: 145). Since in such instances recipients in a sense remain unimagined by donors, what results is “recipient-concealment,” a logical consequence of which is the suppression by donors of their personal medical histories. A striking example of exactly this was provided to me by Dr. Chaudary from a government blood bank. She recalls that at one Nirankari camp she attended, a young boy was laid on her table:

He was in his early twenties. He had a big scar on his abdomen. I just happened to see the scar because I couldn’t find a vein on the side he was laying. So I went over to the other side, to see if there was a better vein, and I noticed the big scar, and I asked, what is this? He was silent. I asked again
and he said he had had multiple operations for an incisional hernia, the last being just two months earlier. But he said he wanted to donate on this day for his guru. I had to reject him. They [devotees] hide their histories.

When it became clear to me that money and blessings were, in respect of return, equivalent currencies, with devotee donation in some respects resembling a spiritualized variant of paid donation, I asked two blood bank doctors if they had ever checked the Transfusion Transmissible Infection (TTI) status of “devotee blood” against blood from the general population. Neither doctor had done so. Nor did they accept my suggestion that this might be a valuable thing to do. It is easy to see why such data might prove unwelcome—the Nirankaris, after all, are indispensable providers of “voluntary” blood in the capital. Revealing anecdotal evidence on this matter from another context, however, was provided to me by Cecilia Tan of the Singapore Blood Service, whom I met at a Kolkata conference on voluntary donation in 2005. The Buddhist population of Singapore annually celebrates vesak day, the Buddha’s birthday and a Singaporean public holiday. Local Buddhists consider that double blessings may be secured for good works conducted on this day: “Buddhists organize blood donation camps only in this period. We have observed that when you have such a motive to donate blood, there is peer pressure to donate from Buddhist groups, with some donating only for double blessings. Because of this there is increasing incidence of positives [infected persons] giving blood. We have tested more HIV positive blood from these occasions.”

As was mentioned in chapter 2, an idea widely held in India and shared across numerous ethno-religious boundaries is that merit resulting from charity performed at particular times or places can be multiplied. Though the Singapore example shows that this is not a phenomenon restricted to India, it is further evidence that time and space in the subcontinent are “not uniform and neutral, but have properties, varying specific densities, that affect those who dwell in them” (Ramanujan 1989: 51). Such context sensitivity appears to produce in donors an increased ardor to donate blood at particular times or places in order that they secure the multiplied merit available on those occasions. This can result in recipient concealment.

The Singapore example shows that when religious devotees are treated as convenient donor banks, blood banks collect a higher than average quantity of contaminated units. Similarly, I have presented evidence that the blessings Nirankari devotees think are multiplied on their specific donation days may be understood as a spiritual form of remuneration which generates donors just as avid as those that Titmuss and other policy analysts have found to produce the highest infection rates. The expectation of blessings securable through donation shows how returns can surface as “incubus” within a “nonremunerated” system supposedly immune from them.
Blood services across the world require prospective blood donors to undergo a physical examination before being allowed to donate, with acceptance of the gift frequently being considered by donors to provide “confirmation of physical well-being” (Dalsgaard 2007: 107). Although such a confirmation is also provided in the Nirankari case, there is the further question of moral well-being; for if, in Indian contexts, “a whole and perfect body is both a sign of one’s moral state, and a prerequisite for making sacrificial offerings to the gods and ancestors” (Parry 1994: 171), then rejection clearly has implications that are far from being merely physical. In his study of blood donation in Denmark, Dalsgaard (ibid.: 102) argues that acceptance of the gift may be considered a form of reciprocation to donors. For the Nirankari donor, a positive adjudication comprises the counter-gift of confirmation not only of physical well-being but also of a moral status fit for making offerings.

Nonacceptance is therefore highly problematic. Laidlaw (1995: 152) states that, for the Jain renouncers he studied in Jaipur, “The body is used as a tool, or a weapon, in the ascetic project of improving the condition of the soul, and the effects of this are indicated in turn by the body’s aptitude in performance of these rites.” For Nirankaris, medical disqualification reveals the body’s inaptitude for the performance of blood donation, an inaptitude that throws into question the condition of the soul. To continue the Jain analogy, the gifts of food given by lay to renouncer Jains are “expressions of devotion,” and “the more the renouncer accepts the better the regard she is showing for the family.” In accepting food, renouncers make a judgment on householders’ general moral probity (ibid.: 320, 322). In a parallel manner, physical disqualification is experienced by many Nirankari devotees as moral ineligibility. Like Jain renouncers picking over and examining the food offered to them for signs of excess or unacceptable qualities of luxury, doctors’ pronouncements of eligibility are a kind of judgment upon devotees’ moral or devotional probity.

One devotee-donor stated of a disqualified devotee: “This is an examination. He [the ineligible devotee] was instructed [to donate] by the satguru, but the doctor is not permitting him. The satguru is testing him. Maybe he won’t come again to donate, maybe he will.” Another devotee, Anil, told me, “over here, after donation, a lot of happiness occurs. Baba Ji considered us [those successful donors sitting with him in the refreshments area] worthy of giving blood.” The painful logical accompaniment of this, for some devotees, is that physical ineligibility must be understood as moral unworthiness.

**Corporeal Capture**

By considering now the gift’s affective and spiritual content, these observations can be taken further to explore questions about the significance of blood transfer as an operation with moral as well as physical consequences for recipients as
well as for donors. Devotees conceptualize their donated blood as a vessel for the conveyance of their moral and affective qualities of love and gyan (spiritual knowledge), which they see as forming the basis for patients of transformative transfusions of spirit. As was argued above, Nirankari gifts are structured by the interplay of centripetal and centrifugal directional intentionalities, with devotees having a bifocal orientation toward the recipients of their donations. I have so far concentrated on the ways in which their gifts travel to the guru, with actual recipients seemingly reduced to circumambient image. I now explore how devotees' blood travels through the guru to “humanity.” Blood donation for devotees is a multilayered volitional act. It is in devotees' envisaging of the gift’s actual content that the transfusion recipient comes clearly back into view—perhaps less as the focus of their philanthropic endeavors than as the target of their transformative love and spirit, with the emphasis being as much on changing recipients as saving them.

Konrad (2005: 117) has argued persuasively that in the British system of ova donation, donors can take “effective action from out of the uncertain knowledge set up by the conditions of anonymity.” It can be argued, likewise, that devotee-donors similarly engage actively with the anonymous structures of voluntary blood donation as a means of disseminating their “spirit” into unknowable locales, thereby generating a sense of continual spiritual expansion. To elucidate these points, I build on recent anthropological works on the theme of the spirit of the gift in India. I also show how the issue of religious conversion emerges in a novel way in this domain of medical utility, not in the familiar manner of patients converting to the religion practiced by the providers of their treatment out of a sense of necessity or indebtedness, but through the unique properties of the treatment procedures themselves.

As I noted above, Baba Hardev Singh’s response to the assassination of his father was to proclaim the need for his devotees to “spread” their love. The verb bantna, to spread, was used frequently by devotees in discussion with me—most often in reference to love (pyar). Devotees espouse several different ideas about the relationship between blood donation and spreading love: blood donation is often described as “love in action” (love for the guru, humanity at large, or both together), or as a process through which devotees’ love is reified in transmissible substance for circulation and propagation. Love, in the latter view, is in the blood; affect is tangible. Furthermore, in attaching itself through transfusion to recipients in order that recipients attach themselves to the Mission—a process I delineate below—disseminated love possesses the quality of viscosity. In referring to the adhesive qualities of the gift, I employ the term “viscous love.”

Nirankari literature sees expansion of the Mission as congruent with or as a condition for the creation of universal brotherhood among humans. The satguru conducts “salvation tours” around the country and abroad in order
to “spread grace,” fortify the organization, and attract new devotees. As he said on a tour of eastern India, the enlightened person “spreads love, peace and brotherhood through his life. May God bless us so that the number of such people may increase in the world, so that by following the teachings of saints and attaining God-realization there is love and brotherhood in man’s life. May every man spread the fragrance of love and peace—such has been the cherished wish of all saints and sages. Otherwise, human welfare will remain only a far fetched dream!”

While I was in Delhi, devotees were circulating among themselves a series of e-mails and text messages called “Gems of Truth,” said to emanate from the satguru. One such “gem” is titled “Acceleration, Propagation” and reads: “In the plains, a vehicle runs fast. However, while crossing mountains, it slows down. Lest it should come to a halt, we accelerate the speed. Similarly, knowing that ours is the Dark Age (Kali Yuga), there is a need for accelerating the pace of propagation of Truth to cross the mountains of ignorance.” For the Mission, then, its growth is of paramount importance as a condition for the practical realization of its theology of universal brotherhood which would constitute the redemption of this dissolute age.

While the guru’s salvation tours are reputedly extremely successful in attracting new devotees, devotees themselves can be important agents of expansion. Several unmarried devotees declared to me their intention of marrying outside the Mission in order to introduce their spouses to it. My friend Sudhir told me: “I want to marry a non-Nirankari girl. I want an unhappy girl so that I can show her nirankar [formless god] and make her happy.” Though this practice results from personal initiative rather than official policy, it demonstrates that the logic of expansion works on several levels. A further method of achieving the end of expansion derives from the adhesiveness of devotees’ gifts. This adhesiveness gives blood donation expansive potential as a subtly transformative means of contributing to the growth of the Mission.

Issues of religious conversion are fraught with controversy in India, as elsewhere (see Copley 1997; Robinson and Clarke 2003; van der Veer 1996). In this case of spiritually transformative transfusions, the term “conversion” is somewhat awkward since, as stated above, the Mission does not regard itself as a religion and it does not request new recruits to renounce their prior religious identities. The word “conversion” is perhaps unable to reflect adequately the subtlety of a transfusion imbued with the potential to insinuate itself into the spiritual life of the recipient. The role of substance in instantiating involuntary conversion “beneath the skin,” however, is a pronounced theme in Indianist scholarship (Arnold 1993; C. Bayly 1988; Froerer 2006; Jones 1976), a fact that increases the difficulty in avoiding the term. The use of an allopathic treatment technique to draw recipients into the Nirankari fold I term “corporeal capture.” “Capture,” like “conversion,” perhaps does a disservice to the professed beneficence of devotees’ aims, but it would be difficult to think of any kind of
missionary who did not regard his or her aims in a beneficent light. Devotees rarely referred to the spiritual transformation of recipients as the principal aim of their donations (these being primarily attaining the guru’s blessings or contributing to the welfare of humanity), but Nirankari donations can and do have several aims. Mission literature states that through blood donation, devotees “are able to establish blood relationship with other human beings” (Sant Nirankari Mandal 2003: 20), but makes no mention of what devotees, at least, see as the expansive potential of blood donation in effecting the spiritual transformation of recipients. Corporeal capture takes place in an indistinct zone of ideation, somewhere between official Nirankari doctrine and devotees’ own conceptions of donation.

As was noted above, devotees’ donated blood spreads their “viscous love,” which attaches itself to recipients so that recipients become attached to the Mission. As one devotee put it, “The recipient will get the gene of a Nirankari and join our group. We can join to his body so he can join this mission.” Jagdish explained to me that “we feel love always. We feel love inside and the genes in our blood become loving genes. This loving blood will go to others and affect them so they will also follow truth and love. People will come closer to us. We spread our love to mankind.” In other words, doctors—unawares—are transfusing affect and spirit into recipients. In a quite literal rendering of Sathya Sai Baba’s description of donated blood as “spiritualized liquid love,” my friend Sudhir tells me that what he sees as he lies donating is love leave his body through the attached tube and enter the blood bag. Neera, an elderly female devotee, told me: “If there is some sugar in a box, from that box you won’t take out chilies, and from a box with chilies in you won’t take out sugar. If you have good knowledge (accha gyan) then your blood is also good. If you have daily sat-sang you are full of god’s knowledge, your blood and your heart is pure, and that’s why the doctors take it from us.”

This assertion that doctors select Nirankari blood for the moral qualities contained therein portrays biomedicine as a project of moral perfectionism. Though I heard no other expression as clear as this, it is quite true that devotees—in assuming that their donated blood encodes transfusable affect—treat blood donation precisely as just such a project.

Many Nirankari devotees express the view that their exteriorized body parts “carry the influence of the person, or may even create new persons” (Konrad 2005: 45). As was noted in chapter 1, it is well known that throughout India bodily secretions are thought to possess transformative potential as powerful agents of personal and spiritual transfer. Blood is often considered a particularly potent medium. Daniel (1983: 28) reports that the villagers of Kalappur, south India, understand karma to be transmitted between generations through blood. Cooked food is an additional conduit. In addition, psychobiological qualities (kunams), which “permeate every organ and every aspect of the body,” are exchangeable through the sharing of food and sexual intercourse (ibid.: 32).
A calm person will, for example, become hot-tempered as a result of intercourse with a hot-tempered person, and vice versa. It is of course interesting that issues of “conversion” and “capture” have arisen in a novel biomedical context, but in the light of these observations, we should not be overly surprised by devotees’ claims about the affective and spiritual qualities of their donated blood.

Given their status as “saints” who have received gyan, it follows that devotees envision their affective qualities as being morally elevating for recipients. One devotee stated that this was the satguru’s explicit aim: “He had a vision that the blood of saints will change the thinking of those people to whom the blood is given because the blood of these saints [devotees] is tuned to the super-soul (paramatma).”20 The same devotee then reframed these thoughts in a spiritual-cum-genetic idiom: “This is gene theory. They are the smallest bodies in existence, but they have all the qualities in them, good and bad, and we believe that by knowing paramatma—which is kind, loving, and merciful—these genes will change the behavior of recipients. Their bad qualities will go when the blood is taken.” Another sevadar declared: “When our blood flows into the nerves of those who are not god-realized, they also will feel like knowing god. Our beliefs and experiences are in our blood; they will take our good feelings.”21 Prakash expressed a similar view: “The person who has bad intentions—his blood will not heal spiritually. But our blood will inspire and transform them to work for the people and to love their neighbors.” For such devotees, what is officially a physically remedial activity is clearly also a vehicle for spiritual healing. Rakesh, an ex-soldier, emphatically elided the moral content of Nirankari-derived transfusions with conversion to the Mission: “Soul power (atma-shakti) is in the blood. The patient will definitely become Nirankari.” Clearly, “the propagation of objects”—the circulation of Nirankari blood donations—“means attachment to new people” (Strathern n.d.). And likewise, according to devotees, the attachment of objects to people means the propagation of the Mission.

The role of “substance” in Indian religious conversion has been recorded by Jones (1976: 131), who notes that if a Hindu ate with a Muslim in nineteenth-century Punjab, there was a danger that he would be excommunicated and thereafter be treated as Muslim. That the eating of beef was synonymous with becoming Muslim helps account for the logic behind the fact that Muslims reconverting to Hinduism were made to eat pork to “prove” and validate their new status (ibid.: 203). As part of Arya Samaj purification rituals (known as shuddhi), those readmitted to what it saw as the Hindu fold would distribute purified food at meetings of reconciliation (ibid.: 133). Further, the final spark that precipitated the 1857 Indian Mutiny is widely believed to have been soldiers’ belief that the cartridges provided by the British had been greased with fat from cows and pigs (C. Bayly 1988: 180). The soldiers, writes Malleson, “had been told that the object of their foreign masters was to make them all Christians. The first step in the course to Christianity was to deprive them of their caste.
This end would be accomplished insidiously by the defilement to be produced by biting the greased cartridge . . . Having become out-caste by their own act, they must, in despair, accept the religion of their masters” (1987: 67).

This highly charged politics of substance is by no means a relic of the nineteenth century: Froerer (2006: 52) notes that on International Women’s Day in 1999, a gathering of Hindu and Christian women was organized in remote Chhattisgarh at which a group of Hindu women refused to eat, apprehensive that the food “would turn us into Christians.”

Of course, the provision of treatment in order to “convert” beneficiaries is a familiar concept to many Indians—this is how Christian missionaries are said to (and almost certainly do) bring about conversions from Hinduism. Activist Hindutva groups protest against and seek to counter such “bribery,” engaging combatively with what they see as the Christian dilution of the Hindu fold in competitive practices of conversion and reconversion. The method of the Nirankaris, however—if it can be called a method—is very different, for it is through the transfusion of charged substance, say devotees, that effects of spiritual transformation are produced. It is not through indebtedness created by the provision of treatment, but through the innate properties of the treatment itself that a disposition toward the Mission results.

Lambert (2000: 78) provides evidence from a predominantly Hindu village in Rajasthan that “caste boundaries are selectively maintained through restrictions . . . according to the limits of commensality.” It follows from this that the disruption of restrictions might produce disruptions in essences, which, as S. Bayly (1999: 312) following Madan (1991) notes, can be “simultaneously both innate and alterable.” The Nirankaris put a related intimate logic of substance and transformation to work in order to create an opposite, universalizing effect—they want to be related to everybody, to draw anybody toward themselves through the enactment of blood donation as a mode of corporeal capture. The very means of preserving particularity and distinctiveness—restrictions on flows of substance—is subverted by the Nirankaris and made to open up onto the universal in another striking example of exaptation, the operating of existing social structures in order to effect new outcomes.

The vital point about the relationship between the Mission and voluntary blood donation is this: the former seeks to “centrifuge” its viscous love to anyone without restriction. The latter seeks to “centrifuge” the narrow directional focus of replacement donations (given for someone) through promoting the wider directionality embodied by voluntary donation (given for anyone). The relationship is one of mutual facilitation with the fashioning of what could be termed a centrifugal alliance: the large quantities of blood provided by devotees helps realize the project of voluntary donation for anyone; this centrifuged mechanism of provision in turns makes the Nirankaris’ viscous love motile and expansive. Blood donation enables their love to travel.
The anonymity of voluntary donation is critical to the alliance. Donors in a voluntary system do not know to whom their donations will travel. Whatever the imbalances and asymmetries of actual provision by blood banks to recipients (the Red Cross does not charge for patients in government hospitals, and certainly does not discriminate along caste or gender lines, so can thus make a good claim to universal provision), from the point of view of the donor, the anonymous conditions of voluntary donation produce a universal directionality. It is this directionality, formed out of the anonymity of voluntary donation, which maps onto and becomes coextensive with the professed universalism of the Nirankaris, and which is used by the Mission to mechanically transgress community restrictions and distinctions and thereby to transcend itself and so realize its theology. As the satguru told devotees in 2002, “God-realized persons have a different point of view. They treat every fellow being as the image of the Almighty and make no discrimination between one person or the other.... The donation of blood gives you the best kind of blood relationship. Since the noble act is done in the name of humanity, it goes a long way to strengthen the feeling of universal brotherhood.”

The anonymity of voluntary blood donation thus provides a universal directionality which, in being enlisted by the Mission, endows its doctrine of universal brotherhood and connectivity with tangible force and experiential dynamism. Through blood donation, devotees “spread” their viscous love in a universal fashion, without restriction, an allopathic treatment technique utilized as a method of “capture” viewed as moral perfectionism. Devotees’ blood, as it were, is sent into the distance while bringing distances up close.24

Beyond Sinfulness
The above observations prompt a reflection on the Indianist debate about the “spirit of the gift.” The paradigmatic content of the gift in Indian anthropology is “sin” or inauspiciousness (Parry 1986; Raheja 1988). The gift is often characterized as a vessel of expiation; in the village of Pahansu in Uttar Pradesh inauspicious gifts are endlessly given with the effect of reinforcing the dominance of a particular caste grouping (the Gujars) (Raheja 1988); in Banaras, funerary gifts “corrupt the recipient body and soul, and result in untold misfortune unless proper expiatory steps are taken” (Parry 2000). Parry (1986: 460) noted that variations upon this concept of the gift are widespread in India, and in recent years several studies have borne this out, while at the same time seeking to refine Parry’s and Raheja’s explanations regarding the gift’s dangerous properties (Laidlaw 2000; Mines 2005; Osella and Osella 1996; Säävälä 2001; Snodgrass 2001).

In an important challenge to Parry’s definition of the spirit of the gift, Laidlaw (2000: 630) declares that the gift’s spirit or “poison” is “not some unique or mysterious substance found only in gifts.” What Parry took to be a
specific feature of Indian dan was really a manifestation of “the dangers attendant on social interaction in general.” Laidlaw (ibid.: 629) gives the examples of cooked food, cloth, and detached parts of the body as “powerful media for the flow of bio-moral qualities between persons.” As I mentioned above, in devotees’ employment of voluntary donation as a mechanism for providing access to others’ bodies, devotees pursue a closely related logic to that which lies behind caste restrictions in some villages, but in order to produce the opposite effect of unrestricted spiritual relatedness. This is in line with Laidlaw’s argument, “the gift” being a context for transmission of “spirit” rather than a unique manifestation of transmission.

One devotee told me: “We have seen so often that if someone takes water from a sangat [attendee of satsang, fellowship of the true], this person becomes attracted to the Nirankaris. We donate blood through our Guru Ji. Our blood will go to you and the same spiritualism will be inspired in you also.” The capacity of shared water to effect similar changes to blood donation suggests it is less a property of the gift that transforms recipients than of propinquity in general. A further example was provided to me by a devotee who practices homeopathic medicine: “My patients are all happy because my cosmic energy is all around me when I give them the medicine. They do not get cured from others; from me they cure very easily. The medicine in my hands takes my atmic-waves [soul-waves]. I say, Nirankar, bless them with your divine power (shakti), and later, they all want to become Nirankaris.” Once again, the ability to “capture” new devotees is not conditional on dan but results from a more generalized social adhesiveness.

The case of Nirankari blood donation, in addition, demonstrates that gifts do not necessarily poison or pollute. However, of the anthropologists I cited above who have engaged with the earlier work by Parry and Raheja, only Laidlaw (2000) and Osella and Osella (1996) acknowledge that Indian gifts’ bio-moral content could be anything other than negatively valued. Devotee-donors obviously understand their spiritual qualities to be reified in their blood donations, but where Parry’s gifts morally imperil recipients, Nirankari donors suppose that their gifts will do the reverse, enhancing the moral and spiritual status of patients. This is not a contradiction: Parry’s model at least implies the possibility of the reverse effect, for if gifts from mourners to Brahmins are imperiling because “saturated with the evil consequences of the donor’s conduct,” gifts from those who are of elevated, even enlightened status, such as “saintly” devotees in possession of gyan, might well be “saturated” with the morally edifying consequences of the donor’s conduct. In this light, Parry’s priests, in emphasizing the sin they accumulate from donors’ gifts, reveal less that the gift is an exemplary means of sin removal than their own pessimistic view of their fellow Indians.

Mines (2005: 72) notes that in order to dispose of negative moral qualities in the village in which she worked in Tamil Nadu and in Pahansu, the Uttar Pradesh village studied by Raheja (1988), these qualities are often “transferred
from persons to objects and then on to other persons.” In Pahansu, for example, “transfers are effected through simple ritual procedures . . . such as circling an object around a person’s body to remove an illness or other negative quality and then transferring it to another person or place” (Mines 2005: 68; Raheja 1988: 85–86). Negative moral qualities are thus made finite and disposable through their objectification. In the Nirankari case, however, there is no hint that they lose or are emptied of what they pass on. This once again connects Nirankari gifts of blood to more general themes of contagious social contact. For example, when the saliva of a sacred teacher is transferred to worshipers “as a source of grace and power” (S. Bayly 1989: 52), there is no suggestion that the sacred teacher is himself emptied of grace and power.

Laidlaw (1995: 294) has questioned analyses that strive to identify a single Indian ideology of dan. In line with this, rakt-dan’s multiplicity can help us see the multiplicity of dan in general. In the Nirankari case, devotees see their gifts as morally elevating for recipients. But this, it should be emphasized, is a finding specific to the Nirankari experience of blood donation. For I have also noted a strong resonance between a blood donation thought to expel corrupting cells and forms of classical dan, which also remove the donor’s impurities or sins: in both cases the ideology of the gift’s purity is compromised by virtue of the fact that it is also purificatory; and in chapter 3 the example was given of a man donating blood to remove the inauspiciousness afflicting his family. Moreover, the “official” ideology of dan as a pure gift—“a voluntary and disinterested donation made without ostentation or expectation of any kind of this-worldly return, whether material or immaterial” (Parry 1989: 66)—is reflected in the legal definition of rakt-dan as a nonremunerated mode of giving, and is actively mobilized by doctors for whom the promotion of unreciprocated giving is a means to ensure the safety of donated blood. Diverse conceptions of dan compete with each other in rakt-dan, which is a dan in formation. Different parties imbue it with qualities associated with different sorts of dan, and the differences between what rakt-dan is imbued with are the differences that characterize dan more generally. As Corbin (1986: 30) said of definitions of violence: as much as possible the meaning of Indian gifts should be a variable to be investigated ethnographically and not a constant to be built into the definition.

Conclusion

This chapter has added the pursuit of blessings to Titmuss’s list of returns that can compromise the safety of donated blood. Devotees donate blood as guru seva and receive blessings from the guru, the transcendental recipient of their gifts. This is not to say, however, that devotees do not give to “humanity.” They do so in a very particular way whereby their blood is donated both to and through the guru to others. Their gifts, structured by this perspectival duality,
travel simultaneously to one and to many. The highly particularized institution of guru seva is thus consolidated, even as it facilitates the reform of blood giving according to an abstracted philanthropic template.

While recognizing that purified concepts of altruism and self-interest are inadequate in accounting for the multiplicity of motivations harbored by Nirankari devotees, there remains the problem that a safe blood donation system is premised on complete separation between compassion and self-interest. If obtaining blessings, health benefits, or any other kind of “return” reduces recipients and their welfare to “circumambient image” (Greenblatt 1996: 282), or epiphenomenon of the act of donation, there can result grave consequences. Incentives, whether material or spiritual, can endanger the quality of the blood supply. Here I write from an inescapably biomedical perspective in the hope of seeing a safer system of blood provision. In “A Note on [Derrida’s] ‘Faith and Knowledge,’” Anidjar (2002: 40) writes: “religion counts, again; it accumulates returns and thus returns.” Though somewhat homogenizing, the statement is suggestive in the case under consideration. Should devotees’ propensity to “count” returns lead blood banks to call a halt to their arrangement with devotional orders like the Sant Nirankaris? I think not, but steps do need to be taken to reformulate in the minds of devotees the triadic relationship between merit, act, and effect. This can be shown through presenting an example from another context which suggests that it is not counting per se that is the problem, but the particular manner in which some Nirankaris count.

The following citation, from an article on attempts to encourage blood donation among Buddhist monks and novices studying at a temple school in Chiang Mai, Thailand, suggests that if returns are correlated with the effect rather than with the act of donation, they might actually help to ensure the safety of donated blood:

Before a statue of the Buddha, they vow to respect their blood as “community blood” and look after it on behalf of the community or anyone who may need it in the future. As monks and novices, they already practice celibacy so there is little or no risk of infection. . . . In this way, they are not only assuring a supply of untainted blood, but are also applying traditional values and culture, and indirectly encouraging youth and community members to abstain from any behavior that could put the “community blood” at risk of infection. And, in accordance with their tradition, they are accumulating merit that could help them in this or future lives.26

In this example, what I term “donation asceticism”—the requirement of constant moral and physical commitment from donors in order to protect their as yet undonated blood, which is held in trust for future recipients (see Copeman 2006: 117–119 and chapter 8)—is brought into line with the ascetic
restraint demanded of Buddhist practitioners. The taking of a solemn vow not to endanger their blood, made before a statue of the Buddha, is directly comparable to the tenet contained in a French voluntary blood donor’s code which exhorts signatories “to remain worthy of being a Voluntary Blood Donor, respecting the rules of morality, good behavior and solidarity with human beings” (Ray 1990: 69).

The article suggests that merit ensues less from the specific act of donating blood than from ensuring the safety of transfusion recipients. This implies that merit would result from refraining from attempting to donate if, for example, the donor had recently suffered from malaria or hepatitis. In the Nirankari case, it could be that a concerted effort on the part of the Mission hierarchy and blood banks to conceptually redirect the attainment of merit away from the act of bleeding itself to ensuring recipients’ safety could foster the provision of healthier blood.