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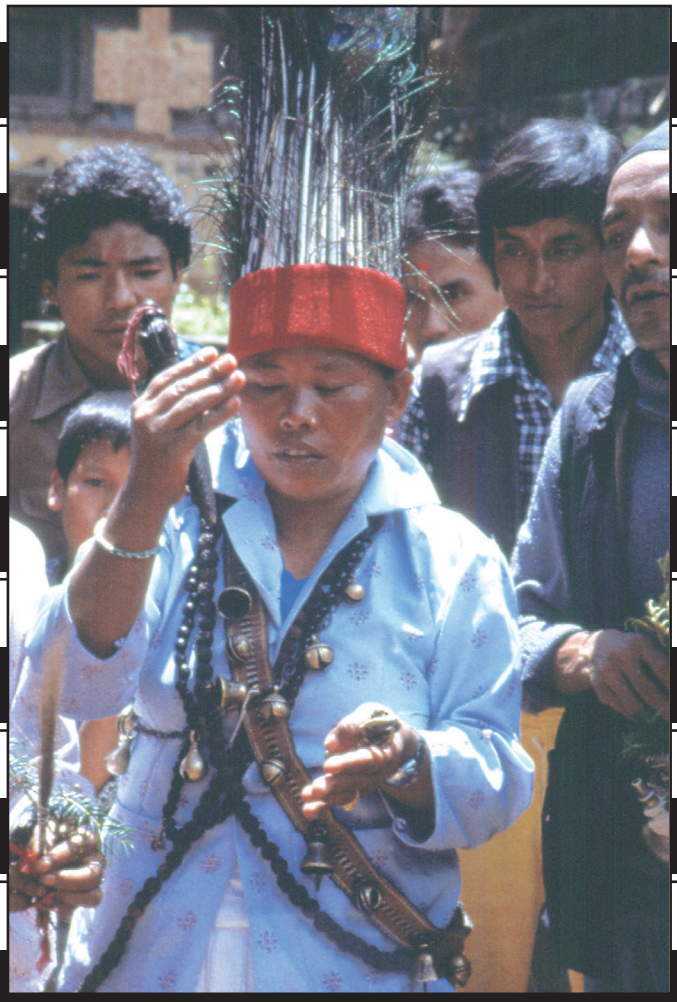

The Shamaness Ama Bombo

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department of ethnomedicine

Frontispiece:
The Shamaness Ama Bombo in her Ritual Dress

The shamaness returning from a pilgrimage to the holy lakes *Gosainkund*. She wears a headdress of peacock feathers, two strings of *Eleocarpus* fruit *(Eleocarpus sphaericus Gaertn.)*, a strap and a chain with small bells attached to them. Her right hand holds a little wooden dagger *(phurba)*, used in the fight against illness-causing agents, and in her left hand she carries a brass thunderbolt *(dorje)* that destroys all kinds of ignorance and is itself indestructible. After taking a bath in the main lake and performing a worshipping ceremony for the god *Mahadev*, she asks the god to appear in a vision. She also utters the name of her deceased father who has been a well-known shaman during his lifetime and who is now her most important spiritual teacher now.

"I have continued to visit holy places up to now. I am continuing my pilgrimages like this, because a healer must visit the holy places at least once. If I haven't stayed in a cave (to meditate, play with the ghosts, and renew power), I spend two or three days and nights outside, away from home. The spirit of my deceased father has told me to do at least this, if I don't manage to spend a few days in a cave every year." (Ama Bombo) Photograph: D. Eigner

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Our Department of Ethnomedicine: A Presentation

Armin Prinz

Historical background to the emergence of ethnomedicine in Vienna

The meeting of the *Gesellschaft der Ärzte* in Vienna on January 9, 1920 was doubly noteworthy for the history of medicine because, firstly, the distinguished chief of the First Department of Medicine, Karel Frederik Wenckebach, made a strong plea for the transfer of the Institute for the History of Medicine from makeshift accommodation in his department to the recently-vacated *Josephinum* and then, during the discussion of this issue, Hans Pollitzer proposed that an institute for geographical medicine and ethnology should be established as a pendant to the Institute for the History of Medicine. It was mainly the Jewish doctors practising about a century ago who showed awareness of the great importance of ethnomedicine in relation to practical medicine. Indeed, Adolf Kronfeld, the long-serving chief editor of the *Wiener Medizinische Wochenschrift*, wrote numerous articles on ethnomedicine and, to crown this output, published a two-volume study on comparative ethnomedicine entitled *"Vergleichende Volksmedizin"* along with Oskar von Hovorka, the chief of the mental hospital in Klosterneuburg-Gugging. This study has remained an important reference work on the subject right up to the present time.
It was also a Viennese scholar who introduced the term *Ethnomedizin* as the scientific name for our subject. Erich Drobec published several articles between 1952 and 1955 where he used this new scientific word in a time when the most known proponents of medical anthropology in the United States, Erwin Ackerknecht and William Caudill were still talking about "primitive medicine". They described medical beliefs in traditional societies mostly as magical. In reaction to this Drobec defined *Ethnomedizin* as the study of the rational aspects of traditional medical systems. Erna Lesky, who rebuilt the high standing of history of medicine as a specialty in Vienna after the Second World War, also recognised the importance of ethnomedicine and encouraged its development as an individual subject by purchasing relevant literature in this field for the library of the institute. Together with the ethnomedical section, founded in 1988, of the *Zentralbibliothek für Medizin* in Vienna, the Institute for the History of Medicine currently possesses the most comprehensive collection of literature on ethnomedicine in the German-speaking world.
The foundation of the Department of Ethnomedicine in Vienna on April 23, 1993 represents a historic milestone in the development of ethnomedicine in Central Europe. By creating the first institution devoted to this discipline amongst the German-speaking countries, Vienna University pioneered important academic structural changes. This development signified a small step in the direction of the Anglo-Saxon and French-speaking universities, in which medical anthropology and anthropologie médicale, respectively, have held an established and highly-regarded place for decades.

The practical significance of ethnomedicine

Ethnomedicine is a specialist area which is not restricted to describing "exotic" healing practices, but actually offers concrete practical help in everyday clinical medicine. Thus, ethnomedicine facilitates communication with patients from other cultural backgrounds (such as "guest workers"), or the carrying out of projects in Third World countries. Moreover, generally speaking, the medical and nursing staffs' understanding of the inherent conceptions held by their patients with regard to illness and therapy is heightened by their observations and analyses within the scope of ethnomedicine. Thus, they are better equipped to pin-point and respond to their patients' needs. This is of importance since, if patients lose trust in the exponents of conservative medicine, they often turn to alternative medicine and may consequently fail to receive adequate medical care.
Contrary to contentions spread by the ill-informed, which impute to ethnomedicine

the aim of undermining modern medicine by paramedical ideas and practices, it is considered to be an unbiased science by its proponents. Thus, it does not presume to evaluate the quality and efficacy of any therapeutic measure whatsoever.

Acceptance of ethnomedicine by students

Tuition in ethnomedicine, which has been offered at Vienna University over the past 15 years or so, has become increasingly popular with the students. The main lecture course is attended by an audience of up to 100 students from the various faculties, whilst the seminar in ethnomedicine, held as an optional specialty course for medical students, is restricted to 20 participants owing to the shortage of staff. A further selection of lectures is offered by our department in nutritional anthropology, ethnopsychology, ethnopharmacology, medical anthropology, obstetrics and gynaecology from an ethnomedical viewpoint and in methods of ethnomedical fieldwork. Special seminars are held for the benefit of advanced students. Moreover, lectures in ethnomedicine have featured regularly for many years in the syllabus of the courses on "tropical medicine" and "holistic medicine" at Vienna University and on "community health" at Innsbruck University.
Ethnomedicine is figuring with increasing prominence as a subject chosen for the special academic course, unique to the Philosophy Faculty of Vienna University, which permits students to design their own syllabus according to individual preference, proceeding to graduation with a specific master's degree. This constitutes the first step towards recognition of ethnomedicine as an independent course of study. In the current academic year (1998–1999) 10 students are being supervised, in preparation of submission of their work for doctoral dissertations and a further 20 are working under our guidance towards their master's degree. In addition, four African exchange students are currently enrolled in a postgraduate course at the Department of Ethnomedicine, sponsored by the *Österreichischer Akademischer Austauschdienst (ÖAD)* within the framework of the North-South dialogue. Provision has been made for accommodating up to 20 research students in a room which has recently been adapted for this specific purpose. Situated over the main staircase leading to the lecture theatre of the institute, the room is of historical interest as the home of the famous collection of obstetric wax models at the time the *Josephinum* was founded.

Scientific undertakings in the field of ethnomedicine

The characteristic feature of the research work undertaken in the Department of Ethnomedicine is the encouragement and accomplishment of fieldwork. At least one such project, financed by the *Österreichischen Fonds zur Förderung der wissenschaftlichen Forschung (FWF)*, is in progress at any one time and sometimes several run concurrently; indeed, two *FWF* projects employing altogether three co-workers are under way in 1999 (P-11360 MED "Medicine of the Maoris in New Zealand" and P-11247 MED "Medicine of the Serer people in Senegal"). Moreover, six privately-sponsored projects are taking place respectively in Tanzania, Ethiopia, Sudan, Guatemala, New Zealand and Nepal, in co-operation with our research students.
A further focal point of interest at present is the realisation of the goal to establish a specific ethnomedical museum as soon as possible. The colleagues working on this research project are enthusiastically collecting suitable objects from all over the world towards this endeavour. Moreover, to encourage international communication with co-specialists in the field, we founded this newsletter own English-language paper entitled "Viennese Ethnomedicine Newsletter", which was launched in 1998.

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The Life and Work of a Healer in Nepal

Dagmar Eigner

On my first trip to Nepal in 1984 I got to know Ama Bombo, a shamaness who lives in a village a few miles outside Kathmandu. She presented herself as a strong woman with an open mind and the willingness to pass on her knowledge. She also offered to give some guidance to me, if I wanted to learn the shamanic ways of healing. In the following years I spent about twenty months with her, attending her rituals, playing the drum, discussing the possible meanings of recitations, actions, and objects.

The shamaness is a Tamang woman who is in her late fifties now. The Tamang constitute one of the largest ethnic minorities in Nepal, originally coming from Tibet and speaking a Tibeto-Birman language. Today they live primarily in the mountains east and west of Kathmandu Valley and in the Valley itself (Bista 1967). In the multi-ethnic areas of Central Nepal many of the Tamang shamans' clients belong to other ethnic groups. A healer is usually chosen because of the reputation that he or she enjoys and not because of a specific cultural background. The language spoken in such inter-ethnic consultations is Nepali, which is similar to Hindi and *lingua franca* in Nepal.

Ama Bombo grew up in a mountain village east of Kathmandu Valley. Later on she shifted to the city and married a soldier. A few years before I first met her, she had moved to Tusal, an area with scattered houses about one kilometre away from a famous Buddhist pilgrimage place. Tamang are Buddhists, but today they are influenced a lot by Hinduism. They are also known for the many shamans (Tamang: *bombo*) among them. Although in Kathmandu Valley modern biomedical service is available, shamans still play an important role in the health care system. Especially in case of mental disturbances or psychosocial problems shamans are consulted. Sometimes they are even called into a hospital to provide additional treatments for some patients there.

One of Ama Bombo's rich clients had given her a plot of land to build a little house. During the years of my apprenticeship the house grew more and more. Ama Bombo is the second wife of her husband and has no children. She took her husband's daughter and later also the son-in-law into her house. Due to the great number of patients who come to see her every day she is quite well off and is not dependant on any other sources of income. She never asks for anything, but clients give what they can afford or what they think is appropriate. Usually the payment consists of some rice and small amounts of money.

A Dinner Conversation

During my second stay in Nepal in summer 1984 I invited the shamaness and her husband for dinner that I organised in a friend's house in Kathmandu. The Tamang boy working in my friend's house was asked to help with the preparations and to find out from Ama Bombo what kinds of food would be unsuitable for her. Not only personal likings but also shamans' food restrictions had to be considered. During previous conversations Ama Bombo had told me that stinging nettles, pork, and food that had been tasted by someone else have a bad effect on her. In Central Nepal it is believed that witches can transmit illness-causing forces through food stuffs. Shamans are said to be their counterparts, using similar knowledge and power for the good of people and are therefore especially exposed to the witches' attacks. For that reason Ama Bombo avoids to eat outside her own house. The little dinner party was one of the rare exceptions she made.

In the relaxed atmosphere of that evening we talked about personal issues, life histories, and Ama Bombo's father who had been a famous shaman during his lifetime. Her husband's comments showed his attitudes and perceptions and also gave some insight into his relationship with his wife. He had left the army a few months before with the rank of a *jamadar*, a non-commissioned officer. Khagendra, who at

that time worked as a research assistant for me, also took part in the conversation. He called the shamaness 'older sister' (Nepali: *didi*) which is a respectful and affectionate kind of address.

Part of the evening I had my tape recorder switched on. Ama Bombo and her husband never minded my recordings and usually they forgot about the little black microphone lying on the floor. The dinner conversation (a fragment of which is presented below) as well as the narrative in the following section of this text was transcribed by Khagendra Sangam Rai, M.A., and the translation into English was prepared by Dr. Taranath Sharma. Afterwards I discussed the translation with Taranath and listened to the tape recordings again.

Host: Where did your husband and you meet first?
Bombo: We met here in Kathmandu.
Husband: I was in the military service. I met her naturally during my walks around the city.
Bombo: I worked in a Rana palace at that time.
Khagendra: In which palace were you, older sister?
Bombo: First I was in Laldarbar, the Red Palace. When I left the palace, my father came to take me back to the mountain village. But I returned here, because once I had got used to living here in the city I realised that I couldn't adjust myself to village life any more.
Khagendra: Did you get employed in the Rana palace as a child or did you go to the palace later?
Husband: No, she was quite grown up.
Bombo: I came to the city when I was eighteen.
Khagendra: Oh, I see! Jamadar Saheb must have fixed his eyes on you since then. How many years did you stay in Laldarbar?
Bombo: My father came to take me back when I had stayed there for three years. I returned to stay there, but again he came to take me back.
Husband: She had to undergo many adventurous incidents. There was a woman who happened to be her aunt by distant relation. That woman took all her precious ornaments and dresses, bluffing her that her father had come to take her back to the village. In the Rana palace her salary was just five rupees a month, but a lot of dresses, blouses, and ornaments were given to her quite often as presents.
Bombo: When I was staying in the Rana palace I had fifteen or sixteen blouses and saris. My aunt was also employed there, and she brought me out of the palace.
Husband: Without her knowledge her aunt had arranged to get her married to an old service man in the government. That woman had plotted to grab all her dresses and stuff herself, get her married and send her away. And the landlady …
Khagendra: Which landlady?
Husband: That aunt's landlady.
Bombo: The aunt has her own house. The woman you are talking about is her neighbour.
Husband: The aunt's neighbour revealed the secret intention of the aunt who wanted to get her married to an old man. The neighbour made her aware of the fact that life would certainly be hard with an old man like that. But she couldn't return to the Rana palace all by herself.
Bombo: I didn't know my way around at that time.
Husband: As soon as she arrived from the mountain village, she was taken to the Rana palace and she didn't know much about the streets as she didn't have opportunity to go out. The neighbour warned her of the secret intention of her aunt and advised her to run away. So she ran away from the aunt at night and with much difficulty, feeling the walls with her hands, she succeeded at last to reach Laldarbar.
Bombo: Later on, when I went to the mountain village, somebody else was employed in my place in the Rana palace.
Husband: She filed a case against that woman asking the court to get her ornaments back. She was really serious about it. That woman had plotted to give my wife to an old man and make it appear as if my wife had eloped with him, so that she (the aunt) could grab all her ornaments and dresses.
Bombo: But I found out in time and ran away from her. Then I went to the mountains and when I returned, I got a job in the Cottage Industry Department located in Thapathali.
Khagendra: After you had returned the second time?
Bombo: That's right.
Husband: I have never seen her father.
Bombo: I worked in the wool section of the Cottage Industry Department in Thapathali.
Husband: The Department is not located in

Ama Bombo sees a patient in her little office where other clients are waiting for their turn.

The shamaness blows mantras over the patient's body and massages her hand.

Thapathali. It is a little further away from there.
Khagendra: It is in Tripureshwar.
Husband: She says that she used to get four rupees for washing wool from four o'clock in the morning.
Bombo: Our monthly salary was from eighty to ninety rupees. The amount was sufficient to pay the room rent and buy some food.
Husband: She has tried many hard jobs and suffered much. When the Soaltee Hotel was being constructed, she went to carry water, filling the jars from the tap and give the labourers to drink.
Khagendra: I see.
Bombo: I had a group of friends there sharing the same fate.
Husband: How much would she get there at that time? Maybe about five to ten rupees a day.
Khagendra: That means Jamadar Saheb had seen you pretty early.
Dagmar: Had you seen her carrying water in the Soaltee Hotel?
Husband: I had seen her earlier than that, when she went to the mountains. She had come near our village.
Bombo: I was with a friend. I went to his village with my friend.
Husband: They had started to go that direction on a Friday. I was a Friday army-man. Naturally I met them and we walked along together flirting and jesting happily.
Khagendra: By 'Friday army-man' do you mean that you went out shopping on Fridays?
Husband: No, I was free on Fridays and Saturdays. I used to go home in the weekend and come back for my job on Sundays.
Host: What did you talk when you met for the first time?
Husband: She was with her friends carrying cauliflower, garlic and stuff like that. I was watching her all along and made joking remarks. We are army-men, you see. We like to behave like that. Her friend asked me to spend the night in their house. But I had to reach home and return the next day to arrive here by late evening. So I left them. And you know the life of a military man. From Sunday on I had to do one-two and left-right. My companion at that time was one of her cousins by distant relation.
Khagendra: You mean when you were going together with her and her friends? Right?
Husband: Yes, that's right. My companion was from her parents' side of the family. Therefore he didn't flirt. But I jested and flirted. I even said to her: "Hey baby! Come on, let's go to my house!" But they stayed in the bazar town there and we went home. Later I came to know that she was seriously ill after she had reached the house of her friend's aunt. Somebody had caused her to suffer during her menstruation.
Khagendra: You were ill at that time?
Husband: She told that she was almost dead.
Bombo: I don't know. Perhaps I was possessed by some evil spirit. I was seriously ill at that time.
Host: How old were you then?
Bombo: Maybe I was twenty. When I first came to Kathmandu I was perhaps seventeen or eighteen.
Host: Then you met each other after some years?
Husband: No, it's not exactly like that. There are many more serious and deeper things in her life, you see. Her father had three or four wives. He kept a Newar woman also as his wife. Her own mother is with us now.
Host: I see.
Husband: It sounds strange, but the old woman ran away with another man. After her mother had eloped she naturally lacked affectionate care and was neglected. And, during the course of his visits to a Newar woman in order to heal her, that woman was made pregnant by her father. Therefore her father had to accept the Newar woman as his wife and take her to his house. Her own (Ama Bombo's) mother had kept sugar, flattened rice and other dry food inside a wooden chest for her daughter before she went away with another man.
Bombo: I was a small child at that time.
Husband: She says that she was just nine years old. She used to walk around in a short male tunic.
Host: So you were only nine years old. Did you go with your mother when she eloped with another man?
Bombo: No, I didn't.
Husband: How could she go with her mother? She was in deep sleep. The old woman went away, picking up a new husband after tying the key of a wooden box in a knot to her daughter's tunic string.
Khagendra: The mother must have felt pity for her daughter.
Husband: If you ask my sincere view, I feel

The shamaness performs a ritual to propitiate spiritual forces.

In front of her small altar table Ama Bombo plays the drum and invites her father's spirit and her tutelary deities.

that this old woman is a criminal. Now my wife has brought her mother here and is giving her food and shelter. She had lived in Ramechap for twenty years. We had to spend twelve or fifteen hundred rupees to bring the old woman and her husband here. They didn't have any children. So, we had to bring her here. The husband of the mother is living also.
Khagendra: Is he still alive?
Husband: Yes, he is. What should we do with him? We gave that old man food and shelter once for five months and another time for three months. Then we sent him away. The old man is such that he requires two bottles of alcoholic drink every night. And if he got the drink according to his wish, he talked with us, but if we didn't provide him the drink, he was angry and didn't talk. He was suffering from short breath and we thought that the old man would die soon and we sent him back. The old man had been a police sergeant in the past.
Bombo: He gets an old age pension also.
Husband: Now I know that their whole life was spent by drinking. He looked as if he would die soon when we had brought him here. We wanted the mother to be here with us and there was no reason to give him food and shelter. That's why we sent the old man back with expenses and some other gifts. The old man went away saying that if he didn't die he would come to see my wife in the coming Dasain Festival. I am really in a strange situation whether to look after him there or here.
Bombo: What should you see? The one who has to see his well-being is me and not you.
Husband: Suppose he dies tomorrow. Won't that be a nuisance? Why are you talking like this?
Bombo: I tell you that I will carry his body myself if he dies.
Husband: To leave her child all alone and run away in the middle of the night! This old woman is a criminal! And she cried calling her mother several times, the old woman heard her cry like that in the field where she had reached. Then she hesitated and was in a fix for some moments before she continued running away.
Bombo: Did you see it all?
Husband: We felt pity for the old woman, and out of sheer humanitarian reasons we brought her here to stay with us. She doesn't have a house of her own to live in, no property, nothing. Her husband's condition is wretched. That's why we brought her mother here.
Khagendra: How many wives did your father have?
Bombo: My father? My father's first wife is still alive.
Host: The first wife of your father is still living?
Husband: Yes, she is.
Bombo: Yes, she still lives, but he has never seen her. Whatever he says is a shot in the dark. He has guessed everything listening to me from time to time.
Husband: I have never gone to her childhood village.

A Narrative

Ama Bombo and I often talked about the way she grew up, her marital life, and how she became a shamaness in her mid thirties. After fourteen months of suffering the spirit of her deceased father, who had been a well-known shaman during his lifetime, came over her body and spoke through her mouth revealing his identity. He passed on the healing power that he had got from his tutelary divinities to her. Most of the Tamang healers are male. In her narrative, Ama Bombo mentions the astonishment of the people in her social network that her father's spirit came to his daughter and not to one of his sons. In a conversation we had on another day she explained that ancestor spirits would choose someone to continue their work because of the way of life and the intentions of that person. Höfer (1974: 168) states: "The *bombo* is always a man." During my field research in Nepal I met several Tamang women who are powerful *bombo*.

The spirit of Ama Bombo's deceased father became her most important teacher. Along with him, his tutelary deities came upon her to advise her how to perform the healing rituals. She emphasised repeatedly that it is not herself who effects the cures, but the spiritual powers she is in contact with during the healing sessions. Rituals start with long invocation songs, inviting her ancestor spirit and a n-umber of deities.

The following narrative is about Ama Bombo's childhood, her family, and the time when the spirit of her father started to speak through

her. In other conversations she talked more about the fourteen months of suffering prior to the first revelation of her father's spirit (Eigner 1998). Neither doctors nor shamans were able to find the cause of Ama Bombo's ailments. When her father and his tutelary deities came upon her she trembled. In the narrative shivers and trembles are mentioned as indication of the influence of spiritual forces.

Ama Bombo also talks about 'staying in a cave', an experience that is said to give knowledge and power to deal with ghosts and illness-causing spirits. The 'cave' (Nepali: *gufa*) usually is a structure made of rice straw, perched atop four tall stilts, used to store grain (Peters 1998). In Ama Bombo's case a tent which was lent by army men, colleagues of her husband, provided shelter for her retreat. The tent was put up at a cremation ground near her home of that time, the boundaries she mentions are drawn with ashes, a ritually pure substance. Exposing herself to the world of spirits gives her the skills and the power she needs for her work as a healer. Swallowing burning wicks is one of the tests she has to pass to show that she has gained a *bombo's* knowledge. She says that imagination (Nepali: *kalpana*) leads her to unexplored realms. The 'soul journey' is considered to be the minimal necessary element in the definition of the 'shaman' by Eliade (1964: 5): "The shaman specialises in a trance during which his soul is believed to leave his body and ascend to the sky or descend to the underworld." Ama Bombo explains that her soul does not leave her body, but that the union with her father's spirit and tutelary divinities enable her to get knowledge about distant places and persons who live there.

"I am a person coming from the mountains. I don't recognise a single letter, I am illiterate. During my childhood days I used to cut grass for the animals and graze goats. How would I know anything? In the hills it is not customary to send girls to school. Sons are sent to school to get education, but daughters are thought to be born only for domestic chores. I don't know anything, I don't know how gods come to possess my body. Gods show me the way to invoke them. Let's talk about it from the very beginning.

First the spirit of my dead father comes over my body. My father knew how to do the shamanic rituals perfectly well. He was famous in all the villages of that area.

We had a large family, but now, unfortunately, it is scattered here and there and we are fewer in number. Some of my older and younger sisters are in the Terai, the southern plains, where we also have land property. There are three families, that means my father had three wives. The youngest one, who is living in her birth place now, has two sons. I am from the second wife of my father. My mother had given birth to four children, but I am the only surviving child of hers. My father had brought his first wife by a proper marriage, and so was my mother brought by him. The youngest wife was accepted by him as his kept, not properly married. I have a brother who is my junior by just one month. Another one, staying across the river over there, is twelve years junior to me. One of my brothers has gone far away, outside the country, and has not returned yet. I have heard that the second youngest brother is in our home village.

When the gods came over my body for the first time, my older and younger brothers were with me. It was natural for them to visit me when I was suffering from shivers and trembles for fourteen months. Gods came over onto my body because my father's spirit had ascended on me. My brothers had a preconceived notion that their father's spirit would not come over the body of his daughter who had been given away in marriage. There was a long argument among all the people present. Some of them were of the opinion that gods could ascend on me, but others said that no gods could come over my body. When this argument was going on, my father's spirit began to make a confession through me and related the events since the day of my father's death. He died in the hills, and I didn't know anything about how and exactly when he died, because I had not been there. The spirit started to confess through me without hesitation that he had died on Wednesday at four o'clock in the afternoon, so and so brought the shroud for him and so and so went to fetch the Lamas. The number and the names of the Lamas were also revealed by the spirit. All the people present marvelled to hear the details recounted correctly as if I had seen everything concerning my father's

passing away with my own eyes. They discussed this among themselves and said that the spirit of our father might really have come to possess me after all. They decided to confirm it by asking me again. And again the spirit told everything exactly in the same manner. He told them who he was and which of his belongings were to be given to which persons. He even told them which of his things were with his disciples now. My father had many disciples. When everything was revealed correctly and in detail like that, my brothers had to believe me. And eventually they asked the spirit to ascend on the bodies of his sons also, at least once, if he was really and truly him. I was trembling all the while. Suddenly I stopped trembling and my second youngest brother began to tremble. Then they asked the spirit to move over to the youngest brother. Immediately after they had asked the spirit, the youngest brother started to shiver and tremble. There was also a man, who knew the shaman's art well. When he saw that the spirit had caught my youngest brother, he asked the spirit to move over to all the brothers. As soon as he had said that, all my brothers - with the sole exception of me - began to tremble. Speaking through my brothers the spirit asked the shaman whether he recognised him, and confessed that he was truly my father. Then my brothers stopped trembling and I began to tremble and shake. My father asked again everybody present whether they recognised him or not, and told them that he was truly my father. This confession left no doubt in my brothers and they fully believed that the spirit possessing me was my father's. The spirit told my brothers through me to bring his belongings which were in the attic of the house. Through my mouth he said that if they failed to bring the things to me by a specific date, he would curse them. My second youngest brother gave his word to father and went home immediately, collected all the ritual objects used by my father and brought them over to me on the fifteenth of the month of Saun. Then the spirit said that he would stay in a cave. I was trembling all the while and looked quite emaciated. And he said that he would stay in a cave on the cremation ground. How could I stay there? But the spirit insisted. I needed a turban and a long white garment exactly of the kind worn by shamans. The dress I had worn the other day was the same first one.

To be mature and to be experienced you have to stay on the cremation ground and play with the ghosts. That is the only job you have to do when you stay there. After you have done that, you can accomplish anything. A shaman, who has stayed in a cave and returned after performing the rituals, can cure illnesses, drive away evil spirits that have caused the illnesses by blowing magical formulae over the patients, and recognise gods immediately. For example, a shaman will know at once if the goddess Manakamana has taken possession of the body of a patient and that he or she will get better by propitiating the goddess with an offering ritual. The diagnosis is quick. That's why we should go to a cave and stay there. I had nothing else to do but play with the ghosts for three days and three nights.

When you stay on a cremation ground, you must not come out of the boundary line you draw for that purpose. Only fruits are to be eaten. One should not go out of the boundary line and stroll around. If one is not serious about it, nothing comes - even if he cleans the cremation ground well and sleeps there. Nothing comes unless you have the knowledge to rise and move the spirits. The shaman has to start playing with the spirits when they taunt and tease him. They can be seen coming toward us with the palms of their hands spread out as if asking for something. To other persons they can be shown in flashes. They can be shown even to people who don't know the shaman's art. When we, the knowledgeable shamans, go to spend the night on the cremation ground, we go there and meditate properly. That's why we are able to play with the spirits fully.

I swallowed a burning wick for the first time when I was staying overnight on a cremation ground. It was there that the goddesses manifested themselves very clearly and the spirit of my dead father appeared in front of me. There were crowds of people present to cross-question me what was right and what was not. Gods and ghosts were coming over my body without interruption. I played with the spirits for two days and two nights without an end. Such skills are given to me in abundance. They are given to me in dreams beforehand. The goddesses themselves taught the holy words to my father. At night in my dream I see a river flowing, I sit on this side and a teacher sits on

my right. The teacher asks me to utter certain holy words, to do this and that, and thus he teaches me everything. I see these things and learn them only in my dreams. I don't know how to read and write. Whatever I know I have learnt from that teacher in my dreams. For two nights I saw only that man who had a full beard and a moustache and whose hair was spread out. He took my hand and led me to a place. Then he asked me to sit down and taught me holy words, which I am not permitted to repeat here clearly. He taught me by leading me to a river. Although I go to bed and my body is lying on the bed, I feel that I have reached by the river. And there by the river the teacher teaches me. That is the reason why I am skilled enough to play with the spirits.

My imagination reaches to other places. The body remains here, but I reach at far away places. At that time nobody should touch my body. I am full of such flights when I am sitting during the daytime also. And even my husband is not permitted to touch me. Nobody should touch me when I am busy meditating inside an area marked for that purpose. At that time I am fully absorbed in my plays and talks with the spirits. I am right now sitting here and you see me as a shaman sitting just in front of you. But I may be playing outside at the same time. Exactly as in everyday life I see a spirit dancing outside. It's not that I see him because I am asleep. I go on beating my drum inside, but he calls me outside. He goes on calling me and asking me questions like who I am, where I come from and how I am. I see it all outside, even when I am sitting inside. He can be seen quite vividly. I tell you the truth that he appears in front of me in perfect shape. It's not that I am asleep, nothing of that sort. How can I be asleep when I am trembling like that? Sometimes I see him with vermilion powder on the parting of his hair and letting the hair fall downward just like that. At other moments I see him coming toward me expressing approval and appreciation with a gesture of his hand. Nobody else can see him. I am the only person to see him. When this continues, he teaches everything to me and reveals his identity.

Now I am fully mature. I have completed my staying in a cave. I have already eaten the incense and the burning wick and completed playing with the spirits, and thus I am now fully trained in the art of shamanic performance. You people know how to read and write. You are educated. Aren't you? Now you will immediately recognise what somebody writes to you in a letter and what message it contains. You can repeat orally what you have read in your books. Exactly the same thing happens with us, the shamans. Now the shaman's knowledge is in us; it has penetrated us completely. If it were not like that, the spirits would come over us only at some moments, leaving us alone at other times. Now I have learned the art fully well. Gods have already made me experienced asking me to do a thing like this and another thing like that. I do things according to their directions when they are on me, and by the time they leave me the things are already accomplished. I have learned from them day by day slowly and gradually. Now I have got the required skills. It was only when I was a novice that I went outside in my imagination; now everything comes rushing toward me."

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Organ Transplantation in the Legacy of Islam

Martin Kellner

Introduction

In February 1989 the famous Egyptian preacher Imam El-Sha'rawi declared that all kinds of organ transplantation are *haram* (strictly forbidden by Islam). This statement generated a sort of public outcry in the Islamic institutions all over the Arab world and was responded to by a communiqué of Seyyid Tantawi the rector of Al-Azhar University who retained that only the non commercial donation of organs is consistent with the regulations of Islamic laws (Krawietz 1990: 198)

This discussion represents a public culmination of disagreements among the 20th century Islamic scholars about the permission of the transplantation of any part of the body according to the Islamic laws.

In the following article, I want to point out the Islamic view concerning religious and ethical aspects of the medical techniques and to discuss the arguments the scholars use to prove their various legal positions.

Medicine as a Topic of the Islamic Law

From the ethnomedical perspective, in every culture medicine is formed by two factors: On the one side medicine is based on (natural) scientific research. On the other side, medicine is based on the culturally formed (ethical, religious or ideological) patterns which are actually regulations governing the natural scientific point of view in medicine. Nevertheless, if we look at the current discussion in Europe concerning the capacities of the genetic technology we may see the importance of the moral as well as the ethical demands for the regulation of medical research.

The perspective of the Islamic laws on the transplantation of organs is a specific example for the cultural regulation of medical possibilities: The characteristic of Islamic law is in contrast to European ethics. In general, its arguments are not based on humanitarian considerations, but on the idea of "*the correct ways of living*" as had been inscribed by the Koran and the Sunna. If we take the example of prophet Muhammad and his way of life in relation to the Islamic faith: It was inscribed that following Muhammad's life can open the way to paradise which is what is known by the Islamic tradition as the Sunna. In this way, the Sunna differs from the Koran in the basic fact that it is not the regulations of God but the regulations of God through the life of Prophet Muhammad. Thus a Muslim has got two references concerning what is right or what is wrong to be followed: The Koran and the Sunna. However, even during the first centuries of Islam it was clear that not every question of live could be answered directly by those two sources. That is why a sophisticated system of jurisprudence (*fiqh*) was created to allow the scholars to make evident Muslim's appropriate behaviour in upcoming situations.

Medicine had already become a topic of concern for scholars in the beginning of the development of the Islamic law. Yet, in the 20th century, ethical and juridical questions about medical interventions became much more important.

A vivid example is the work of the famous Muslim *mufti* in the Arab mass-media. Mass media in the Arab world have always been dominated by the law cases in relation to different everyday life issues such as the permission of genetic engineering, cosmetic operations, merciful killing and annihilations, prenatal diagnosis, artificial insemination and donation/transplantation of organs. This fact is used by some authors to show how traditional Islam can be adjusted to the modern way of life and its requirements (Krawietz 1990: 48)

In order to approach the characteristics of Islamic law it is essential first of all to declare that the Islamic rules are not identical with the effective laws in action in the Muslim countries

these days. Especially in this century the Islamic law is rather a norm in theory than an effective law in action. For example, if a scholar declares that organ transplantation is forbidden because of a relevant Islamic dogma, it is possible that this decision is considered not legal in the Islamic countries. However, his opinion may be a decisive factor for a Muslim in the case of illness which necessitates to choose medical treatment from among several possibilities, and because of this normative tolerance Islamic law may be considered to be relevant even for Muslim immigrants who are not living in Islamic countries.

Islamic Legal Opinions Concerning Organ Transplantation

The fundamental problem scholars are confronted with in interpreting the religious permissibility of organ transplantation is the fact that in the time of Muhammad this technique did not exist. Thus the question of legislating a law permitting or prohibiting the action of organ transplantation had to be derived from other parallel or similar cases.

The main Islamic dogmas which had to be applied by Muslim jurists in order to answer the question of the religious permissionibility of organ transplantation are as follows:

The monotheistic and Islamic principle that no one totally owns his/her own body to a degree of full ownership. Therefore a person is thought not to have the right to decide freely over his body. After death the body returns to the creator and this should be in as good a condition as it had been created by God.

It is reported that Muhammad said: "Breaking the bone of the dead is equal to breaking the bone of the living." (Rispler-Chaim 1993: 28 ff.)

Whoever saves someone else's life is considered to have saved the humanity at large. (s.a.)

Necessities render the prohibited to be permitted. If we take the example of eating pork: Eating pork is prohibited by the Koran as well as the Islamic legislation. However, when a Muslim is suffering a sever condition of hunger eating pork in that situation is not only relevant but is as well permissible. This is the case for many other laws.

Among these legislations one can raise the question of the Islamic laws and legislation regarding the human body. One of the basic principles of Islam is the prohibition of harm to the dead body (Krawietz 1990: 116). Islamic law has legislated the protection of the human body's dignity in both situations: life and death. Based on the Koran and the Sunna, scholars have developed many rules concerning the human being's dead body: The dead body has to be washed; the water must not be too cold or too hot. Then the dead body has to be buried, a rule which is applicable to every part of the body including the hair if it is pulled out while combing the corpse of the dead person. After that the corpse has to be perfumed, wrapped into white cloth and buried as soon as possible facing the direction of Mecca (Keller 1994: 224 ff.). But before burying the body, Muslims have to pray upon their dead brother. They are only allowed to bury him in one of the Muslim grave yards.

One important fact remains during the development of medical science in the Islamic cultures: Body dissection was completely forbidden in the Islamic tradition, to the extent that the Muslim physician Yahana Ibn Masawayh was not able to obtain human subjects to continue his experimental work in pathology. Alternatively he used apes in a special dissecting room which he constructed for the purpose (Browne 1962: 37).

These rules demonstrate the sanctity of the dead body, which is expressed in the word *hurmah* (literally meaning prohibition, taboo, dignity). This concept *hurmah* implicates a general problem for the religious permissionibility of transplanting organs from a dead to a living person, at the same time it protects the body from unjustified injuries.

Concerning the question of organ transplantation, Islamic scholars developed different ways of combining the above mentioned dogmas in order to decide if the violation of the dignity of the deceased bodies is justified by the possible medical result or not. The first discussion in relation to this problem in the field of Islamic law is related to the question of the permissio-

nibility of the transplantation of teeth in Islam. Abu Hanifa (died 767), the founder of one of the main juridical traditions of the Sunnitic Islam, stated that the re-implantation of a man's tooth to its original place as well as the implantation of a dead man's tooth into the mouth of a living person are both inadmissible by the religious law, because any separated part of the body as well as the body as a whole must be buried after the person died. Imam As-Shaybani came to the same conclusion while one famous disciple of Abu Hanifa, Imam Yusuf considered the permissionibility of reimplanting a man's tooth to its place because according to him every part of the body can be separated and re-implanted in its place and initial state. However, he agrees with the opinion that the implantation of a dead man's tooth in the mouth of a living person is absolutely forbidden, because it hurts the dignity of the human body (Meron 1973: 47).

This opinion was very much upheld in the Hanife's tradition in the 17th century as a precedent for the organ transplantation in general. Some responses were also preoccupied with the question of the dignity of the corpse. Specific examples are related to the prohibition of using the organs of the human body which are declared to be not admissible not because of the question of impurity of the deceased body but due to the fact that this is considered to violate the respectability of the human body (ebd. 47). Yet in all Muslim scholars' opinions concerning this question of organ transplantation one important fact remains: That almost all opinions are regarding the dispute that organ transplantation is forbidden whereby it seems to be no doubt that it is forbidden.

Other scholars' opinions concerning the question of organ transplantation can also be seen among many 20th century Muslim scholars:

The Syrian Mufti Ahmad Gabguqa said that nobody has got the right to dispose any part of his body in his life or even to give one's hair to another person. The reason for that seemed to be the argument on the violation of the human dignity *(karamah)* (Krawietz 1990: 191).

The Jordanian Legislative Institute (Dar Ul-Ifta) and the Jordanian Senior Scholar (Ra Isu L-Ulama) issued a prohibition of the transplantation of the cornea from the eyes of a dead person to the eyes of a living one (Meron 1973: 47). Following this opinion, the prohibition of using a cornea has to be taken as a precedent for all kinds of organ transplantation (ebd. 46)

On answering the legal question of the French government, the director of the Islamic Centre in Paris declared that all kind of transplantation of human organs are forbidden by Islamic law. Consequently the French government enacted a law by the Ministry of Health prohibiting the taking of any organ from a deceased Muslim in France (Krawitz 1990: 190).

Many other scholars considered the question of organ transplantation to be legal, this opinion based on the attempt of a new interpretation of the principles of Islamic law (for example the principle of the invulnerability of the human body). These scholars base their arguments on the general humanitarian considerations or on the Islamic duty to help the sick, to give and donate one's possessions for those who are in need.

Thus an interesting point to be recognised is that the scholars who take this view usually ignore the legal texts of their predecessors. This is remarkable because traditional Islamic Law is based on *taqleed* (the imitation of the proceeding laws and the acceptance of the authorities of the past); the duty of accepting the legal opinions of the first authorities in Islam was argued by a tradition which says that as the time passes every era will get worse than the preceding one, therefore the works of the scholars in the first centuries of Islam had to be respected by the later scholars. In the last two centuries, it was often demanded to give up the traditional *taqleed* and to establish an interpretation of Islam which is adapted to the modern time (Ramadan: 1961: 6 ff.). However, the difference in the interpretation of Islam (following the authorities of the past vs. try to make a new interpretation of Koran and Sunna) is also reflected in the *fatwas* about medicine.

A quick overview to the field of organ transplantation given by the nowadays institutions of

the Islamic law it appears that many of these legislation show a remarkable open mindedness if we take some examples:

Khamane'i, the successor of Ayatullah Komeini in Iran said that all kinds of transplanting organs from the body of cerebral dead people are allowed (Halm 1994: 168). The same attitude is held by most religious authorities in the Arab world (Meron 1973: 45 ff.; Krawietz 1990: 171 ff.). The famous Egyptian Mufti Al Qaradawi published a very detailed response to the question of organ transplantation in which he argues that there is no Islamic argument against the permissionibility of organ transplantation. The most interesting part of his *fatwa* is his discussion of the implantation of pig organs to a Muslim's body. According to Qaradawi, this is a medical possibility and is completely acceptable to Islam, and there would be no argument contradicting the implantation of a pig's liver to a human being (Quaradawi 1996: 530-539).

These pro and contra positions mark the opposite poles of the discussion among the contemporary Muslim scholars. However, many other Muslim scholars are defending more moderate positions, for example, Abu Sunnan, who declared that the violation of the human body's dignity must be justified by the prognosis of the physician that the transplantation will be successful by 90% (Krawietz 1990: 190).

Yet the fact remains that there is one signal point to which all scholars agree: That every kind of commercial use of any donation of the human organ is inadmissible by the Islamic law, thus the marketing (which was known to be established between the Gulf states and the poor countries such as Egypt) is strictly forbidden from an Islamic ethical point of view. There is also an agreement about the permissionibility of the donation of regenerative substances of the body such as blood or red bone marrow.

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Fieldwork Experience

Reality and Illusion

After having mastered the bureaucratic jungle in search of a grant I set off for Guatemala in January 1996. Full of excitement and optimism and complete with a project protocol for my ethnobotanical studies I left Vienna – little did I know that 6 months later I would be back without accomplishing any of my well organised project but instead with a lot of tapes containing interviews that I had held with Quiché midwives.
What follows is a resume of my 6 months experience in how to be diversed and manipulated into doing something completely different. The key word being Tuesday!

24 hours after my arrival in Guatemala I was in the designated area for my research. I was to work in co-operation with the International Institute of Co-operation (IIZ) a well known Austrian institute which has a regional bureau in Quetzaltenango. The director of this institute was to be my main source of information, helping me to establish contact with a local indigenous organisation called CDRO. A meeting was arranged for two days later, this being a Tuesday. I could not believe my luck. Things were going much faster than I had anticipated and I was already well on my way to getting research started. So I thought – but this was just an illusion, since what looked to be an immediate start to my project turned out to be a series of theoretical activities. In fact my meeting turned out to be the opportunity to make an appointment to meet the "man in-charge" of the health department of CDRO and of course this could not be until the next Tuesday. I waited patiently and with anticipation during this week for the Tuesday to arrive and the chance to get started on my research.
Tuesday arrived and the meeting went well with the department medical doctor also being there. I was assured that I would be able to progress quickly and they would organise the possibility for me to get into contact with the recognised healers of the community. In addition I would be able to access and use the plant laboratory, in fact all my needs would be attended too. They even offered me a video camera to record all my interviews. There was just one small detail "jungle bureaucracy". I had to compose a written application detailing my research project. No problem I could do this. But when can I submit this? Of course: next Tuesday!
Where do these people go between times I ask myself (sadly there is no one else around to ask). I only have 6 months and that is just 24 Tuesdays, I thought and panic set in, but needless to say the next Tuesday arrived and all those expected to attend miraculously appeared again. My application was accepted, my first meeting was arranged with a healer and a translator who was in fact the "man in-charge".
I had prepared a semi-structured questionnaire for the healer to answer, which was promptly taken from me by the translator and transformed by him into what he judged to be appropriate. I had estimated that the interview would take approximately 2 hours. The new modified version took 45 minutes inclusive of the formal greetings. Something was definitely wrong. What had the "man in-charge" done? How had he modified the specified questions? In a manner that they could be answered with either a yes or a no he informed me. For him this was the correct and only way possible.
Sadly this was my first and last interview with a healer. I wanted the healers to be paid in some form for the time they spent with me and funds were available but for reasons unknown to me the healers did not want to talk to me anymore – so I had been told anyway. I felt this was because CDRO wanted to use the funds for other things.
Initially I thought that contact with a local organisation would be the route to establish my research but unfortunately this did not appear to be the case. I felt it was closed to outsiders and realised that to be allowed to take part in any research related to the organisation would take a long time, certainly more Tuesdays than I had been allocated.
Fortunately during the time I was waiting for meetings I had been able to establish contact with some

of the midwives working in the community. They were most happy to talk to me and share their experiences with me. This I found to be extremely rewarding. I could not have had a better source of information.
Now, 3 years later, all the frustrations with CDRO are nearly forgotten and my research time dives deeper and deeper into the glorious light of a great experience.

With my best regards
Angelika Starzacher

An "Integrated project on biodiversity conservation, rural development, primary health care, holistic health and indigenous medicine" in Andhra Pradesh, South-India.

An ambitious project has been started in the location of Sadashivpet, in the South-Indian state of Andhra Pradesh. This project is a sort of "extension programme" of the Institute of Indian Culture (IIC) in Mumbai (former Bombay), which had been founded in the fifties by the Austrian Professor Dr. Stefan Fuchs. From its beginnings the IIC had connections with the Institute of Ethnology in Vienna, and a number of Austrian students went there to prepare for their field-studies in different parts of India. Because of the good relations with Vienna I feel that at least those of the IIC's activities which are connected with local medicine and health-care might also be of interest for readers of the VEN.

The Andhra-Project has been started by Dr. Earaplackal Varghese SVD, an ethnobotanist and member of the IIC Bombay. The immediate target group are about 30.000 inhabitants of Sadashivpet. Later on more than two million people in Medak District of northern Andhra Pradesh might be beneficiaries of the project which aims at implementing "an integrated programme to promote wholeness and well-being".

Many people in rural India have no access to modern medicines. They depend mostly on the traditional health practices and herbs for their ordinary health problems. But much of the ancient knowledge gets rapidly lost, as nowadays sophisticated modern medicine is highly appreciated also by the poor. This type of medicine is expensive, besides there are often ill effects due to wrong prescriptions and over medication. (From my own experience I know that over medication may be a serious problem with Indian doctors. When I once consulted a doctor because of a common cold with cough and a little fever, I came out of the dispensary with seven! different medicines, among them a strong antibiotic.) To use the resources available at hand would avoid such problems and help people to get effective and much cheaper medicines. This is the more important as in 2004 the Indian Patents Act (1970) will be changed in favour of Products Patents which will raise the cost of essential drugs to such an extent that they will become unaffordable for the poor.

Aims of the project are: To promote indigenous health management techniques, to bring self-reliance in managing ordinary health problems, popularise local health practices and indigenous healthcare. To establish a medicinal plant conservation park to preserve threatened, endangered, but also common medicinal plants and to start a village-based production centre for herbal and ayurvedic medicines. Later on a multi-disciplinary health centre, a holistic and nature cure hospital, a training centre for alternative therapies and a yoga/meditation centre are planned. The organisers also aim at training health workers, at working for the welfare of women and children, at promoting eco-friendly agricultural practices, and at helping the villagers to achieve total literacy in the area and to become financially self-reliant by forming co-operatives, cottage industries, etc. Villagers will learn in workshops and study classes about recent developments in agricultural techniques and inventions,

eco-preservation and environmental protection. A database centre for documentation is planned, articles and books on allied topics will later on be published and a quarterly bulletin in English and Telugu (the local language) is planned.

In "Phase I" (first three years) the project area has to be surveyed with the help of local volunteers to identify the most important needs of the villagers and to check on the health and hygiene among the target groups. Training programmes for volunteers will be started and medical camps and family welfare programmes in the adopted villages organised. The "medicinal plant conservation and promotion park" is to be developed and the quarterly started.

In the years to follow the other programmes will be taken up. A period of about ten years is considered necessary as implementation period. To raise the funds for the project - estimated 5 million dollars of which about 1,5 millions will be raised as local contributions and government support - will be the main problem in the years to come. After about ten years the project is hoped to be self supporting.

Readers who are interested in more detailed informations, who want to make suggestions or exchange ideas with the organisers, are welcome to refer directly to: Dr. E. Varghese, Janssen Academy, Sadashivpet, Andhra Pradesh 502 291, India.

With my best regards
Traude Pillai-Vetschera

Guest-Professors

Professor Dr. Wolfgang G. Jilek, Chairman of the Transcultural Psychiatric Section, World Psychiatric Association, Vancouver, Canada, will be in Vienna from 11 October to 10 December 1999. He will give the following lectures:

Ethnopsychiatry
(illustrated by own slides and films)

History and definition of the term - ethnopsychiatry as folkloristic and as scientific discipline. "Emic" and "etic" as different approaches in ethnopsychiatric investigation. Examples of indigenous folk aetiology of psychiatric disorders. Magic conceptions and psychic states. Tradition-directed tribal societies under Westernising acculturation and deculturation - psychosocial sequelae of rapid culture change. Traditional folk healing and non-Western schools of medicine: Definition, overview, official status. Attempt at a classification of types of diagnostic and therapeutic practitioners of traditional non-Western folk healing. Shamanic and non-shamanic healers. The relevance of traditional healing and its practitioners for the primary health care of psychiatric disorders and for the treatment and rehabilitation of alcohol and drug dependent persons in developing countries. Revival, contemporary changes and syncretism of traditional indigenous healing cults and their specific therapeutic significance. Psychohygienic and logotherapeutic (in V. Frankl's sense) aspects of traditional youth initiation. Own experiences of cooperating with shamanic healers. Overview of the better known herbal psychopharmaca used in non-Western healing. Historical changes in the appraisal of non-Western traditional folk medicine and its practitioners by scientific observers and public health authorities - influences of zeitgeist and popular therapy trends in Western society.

Transcultural Psychiatry
(Illustrated by own slides)

From Kraeplin's "Comparative psychiatry" to "Psychiatry in Cross-cultural comparison". Definition of culture for psychiatry purposes. Modern trends in the development of transcultural and "cross-

cultural" psychiatry: cultural relativism and biopsychological universalism. "Normal" and "abnormal" in the context of culture. Pathoplastic and pathogenic influences of culture and culture change on mental health and illness. Gender role, cultural identity and psychopathology. Symptomatology and course of schizophrenic psychoses under different sociocultural conditions. Transient psychotic reaction, with special reference to African populations. "Culture-specific" mental disorders and so called "culture bound syndromes". Depressive conditions in cross-cultural comparison. Psychiatric problems of refugees and migrants. Psychosocial sequelae of rapid Westernisation of hitherto tradition-directed cultures. "Anomic depression" and its association with alcohol abuse and suicide risk - own experiences among North American Indian populations and in Oceania. The social status of mentally ill and epileptic persons in different cultures. Psychotherapeutically effective principles of traditional non-Western healing and the question of their universal applicability. The significance of the therapeutic utilisation of altered states of consciousness in non-Western healing cults. Experience of "intercultural psychotherapy" with patients of non-Western cultural background.

Seminar Methodology and Scientific Work

1. Introduction into the methods of ethnopsychiatric and comparative cross-cultural research: 1.1. Phenomenologic description and comparative qualitative analyses of psychiatric conditions and clinical pictures. 1.2. Culture-immanent approach to psychosocial contexts. 1.3. Epidemiologic investigations with quantifying instruments - applicability and non-applicability in developing countries.
2. Preparation of defined themes by participants for presentation and discussion.

An Interview with Els van Dongen

By Bernhard Hadolt

Els van Dongen studied cultural anthropology at the University of Utrecht, Netherlands. She works at the University of Amsterdam, Medical Anthropology Unit. Her specialisations are psychological anthropology, semiotis and medical anthropology. In April she gave a lecture "Oddnography: Crazy narratives that make no sense but have deep meaning" at our Department.

Els, you came relatively late to the field of anthropology. You were both trained as an academic painter and as a social geographer and you worked in both professions for several years. Can you tell us how and why you became an anthropologist - and especially a medical anthropologist – and if and how your experiences in these professions have influenced your work as a medical anthropologist?

You must know that "becoming such or so" is never a matter of fully free and conscious choice. All kinds of motives and circumstances play a role. Life and work are so tightly intertwined. Although I should know better as an anthropologist, I sometimes think: It was my fate to become an anthropologist. As you know, your fate is not in the future but in the past. There were many things in my past which made me the present student of humankind. But I will not bother you with my past. Indeed, I entered the field of anthropology late. I think, I was thirty four or thirty five, when I started. But, coming late into the field is an advantage perhaps. As I always tell my students: You will have a chance to become a good anthropologist (or social scientist) only when you are over forty years old. So, being late was not all too bad for me; I had only a few years to go until I belonged to the ones who could become "good anthropologists". What I did before studying anthropology has moulded me very much: It made me the anthropologist I am.
I have to say that I was not trained as a painter in an academy; I was a pupil of one of the painters who worked in the tradition of Toorop. He let me suffer a lot, because he insisted that I go to the bottom of mystery, and he also taught me that study never stops, an idea that I heard from the beginning of my life.

Maybe it is not so strange that I switched from social geography to anthropology. Social geography is sometimes very close to anthropology. The two disciplines became even closer in the sixties and the seventies: They shared the scandal and the crisis of colonialism and both were influenced by postmodernism, which makes it difficult to distinguish "pure social geography" from "pure anthropology" in a certain sense and on certain topics. Besides, in the Netherlands one also has to do anthropology courses when studying social geography. Thus, anthropology was not unknown to me. However, after living in Afghanistan and Kashmir, I felt that I had to try to get a deeper understanding of humankind. Social geography is not so much about "meanings", "Verstehen" or the work of culture. My experiences in the Islamic worlds left me with more questions than I had before I went there. So, I quit my job as a teacher and returned to the University. I was working as a teacher at that time; quitting this job was very convenient for me, because the head of the school was a terrible man who never appreciated what others did – you see? This is what I meant before: ordinary daily hassles and conflicts weave their own story.

During my study I tried to get answers to questions about human suffering (which I witnessed a lot during my visits to the Islamic world of North Africa, Near East and Asia) and I decided to specialise in psychological anthropology. Then the time came when I had to choose the topic and the place of my fieldwork and thesis. I believe this was the most important period in my life as an anthropologist. I already wrote my theoretical thesis (M.A. thesis) about the semiotics of illness and suffering at the University of Amsterdam, which was received very well. Then I was offered to do fieldwork at one of the Caribbean Islands by the University of Utrecht, but I was not very pleased by that. I felt that there were enough anthropologists going abroad. The colonial history of anthropology also contributed to my reluctance to go abroad. And by that time some anthropologists had discovered that the West had culture too! Also because of private matters, the decision was made quickly: I wanted to do fieldwork in my own culture.

I went into "the worst field you can think of" as one of my Dutch colleagues said: the mental hospital, knowing very well that this was an exotic field too. I let me lock up in a ward for chronic schizophrenic patients and worked there for several months. This was really an impressive experience. I had to use everything I had learned in the past, in order to get an understanding about what was going on. My experience as a painter was very useful, in order to understand the power, the beauty, the ugliness, the pain, etc. related to the work of culture, that is how dreams, fantasies and imaginations flow to the cultural world. My training as a geographer helped me to deal with questions of space and social life in the ward. And indeed, my age was an advantage. Because I had a lot of "normal life experience", my own struggles and fights in life, the events and the people in the hospital could not upset me so easily. I saw many young people who worked there burn out.

After my graduation I again had more questions than before and I decided to further explore these fields and to do a Ph.D. in social anthropology, which was funded by the Dutch Scientific Organisation (NWO) for four years. The odd life at the fringes of society can give us a lot of deeper knowledge about how culture works. During that time I became gradually involved in the Medical Anthropology Unit at the University of Amsterdam, where I work now as a staff member. My experience as a teacher and a painter helps me a lot in my work with students. I still like to teach, which is something many of my colleagues do not; and I like to paint with words.

Medical anthropology has a long tradition in the Netherlands, in which you have been playing a central role for many years now. The University of Amsterdam is one of the few places in Europe, where one can do a masters in medical anthropology and the Dutch journal Medische Antropologie *belongs to the most influential medical anthropology journals in Europe, in particular in the Scandinavian countries. What are the characteristics of medical anthropology in the Netherlands, what are its similarities and differences to the broad traditions of this academic field in the English-speaking countries and how are the relationships between Medical Anthropologists in the Netherlands and those working for instance in GB, the USA or Canada?*

Well Bernhard, you are asking a lot. Of course, I am very flattered by your seeing me in this central role. However, my role is central in a particular sense: I am the "at home" specialist, so to speak. I was the first medical anthropologist in the Netherlands who did research "at home", which was a difficult

Els van Dongen in Vienna, April 1999

job at that time, because as an anthropologist you are expected to have your initiation far from home, are you not? So, many colleagues who worked in other fields and who did not know me too well, first did not take me all too serious. Anthropology at home was perceived as an "if need be thing" by then. However, nowadays things are better: I have more students than ever who want to do fieldwork in their own culture. They also learn how difficult that is.

Puh, puh, leading journal, yes of course, we have so few good ones within Europe. The journal is close to my heart. It also has a low threshold, so that students and people from other disciplines can hand in their contributions, and there is room for creativity, et cetera. I believe medical anthropology in the Netherlands is blossoming, because it leaves much room for creativity and choice to students for engaging in quite different fields of interests. One characteristic of Dutch medical anthropology, in my view, is that it brings together two well-known sides of medical anthropology: an applied form and a theoretical, reflexive, academic form. In my opinion, we need both, because we are working at the margin of two fields: on the one hand people's health and health care, which still needs to be better understood, and on the other hand anthropology itself. We have to look for answers to two broad questions: what can medical anthropology contribute to issues of human suffering, and what can medical anthropology contribute by its special scope to anthropology in general. In Amsterdam we also deal with a third question: How can we co-operate with other disciplines, especially the medical disciplines without becoming medicalised?

In my view, medical anthropology in the English speaking countries is very different from what is done on the continent, although the British version is closer to European continental medical anthropology than medical anthropology in the United States is. I will not go into details, but I think that European medical anthropology is close to cultural anthropology in general as regarding its methods and theories. Just to give you an example, European medical anthropologists do not need to specify their discipline to be "critical" or the like, because they want all science to be critical. To be "critical" never was a political thing. Another distinction is that European medical anthropology has hardly any tradition in clinically applied medical anthropology, which is so characteristic for the US. European medical anthropologists usually are not trained in one of the medical sciences, although this changes slowly. This

makes European medical anthropology more independent, it means that we had not to have long debates on medicalisation, etc. On the other hand, it is more difficult to co-operate with clinics or other health institutions nowadays, because outside the anthropological world it was thought that anthropology was something for "the exotic". It is difficult to talk about deeper differences and similarities when sitting in a nutshell. Actually, it would be interesting to have a conference on these matters of differences and similarities. I am sure we can discuss this matter at the next conference on "medical anthropology at home".
All in all, I think that Dutch medical anthropologists have fruitful relationships with their colleagues in other countries, especially in Great Britain and Scandinavia. It would be also good to exchange our views with scholars from the German speaking countries. Our recent conference in Zeist (1998) on "Medical Anthropology at Home" has refreshed and deepened our contacts with other countries (Spain, France, etc.). But in international research programmes we also work together with people from the US, South Africa and Asian countries.

When one reads the big journals, which define mainstream medical anthropology at an international level - Medical Anthropology Quarterly, Medical Anthropology, Culture, Medicine & Psychiatry, etc. – it is striking, that there are hardly any contributions to be found from researchers e.g. from Spain, France, Italy or Germany. Why do you think, that is so and should that be changed? Is there a medical anthropology in Europe which transcends the national boundaries and traditions and if not, should there be such a one?

First of all, it is a matter of language and money. There are many good publications in different languages, but it is sometimes very difficult to find money to have the manuscripts corrected or translated. More important is that the very few contributions to these journals mirror the gap between European medical anthropology and American medical anthropology. I will not go into questions of academic centre and periphery here. But if it is the case, that the US scholars are interested in European medical anthropology, they should invite more European colleagues for contributions to their journals. But I also have to say that many European colleagues went to work in the US.
I do not think that there is a special European medical anthropology, which transcends national traditions, and I like to say that I hope that there will never be one. I am not fond of the MacDonaldisation of medical anthropology. In my view, we should maintain our diversity. The academic strand of *Ethnomedizin* in German speaking countries, for example, is hardly known in the Netherlands, although its approach is really important for a critical anthropological science. By looking at ethnomedicine as a performance (Armin Prinz) this approach can give us important insights into the symbolic and social effectiveness of all kinds of medicine and healing. It will broaden our "native" (biomedicalised) perspective and teach us to look beyond our own taken-for-granted knowledge.
The different theoretical perspectives and the different ways of doing anthropology enrich the discipline as a whole and generate – or could generate – a dialogue, or maybe even better, a dialectic between these traditions. I believe that we only should have one thing in common: that we put questions about human suffering, look for universal mechanisms, processes and meanings and try to work for a better understanding of these phenomena.

You already mentioned how you have come to do medical anthropological research in the Netherlands. Could you tell us more about what a medical anthropology "at home", in your view, can contribute to medical anthropology in general and where you see its weak points?

Some maintain that anthropology should lead us to a better understanding of ourselves, which can well be done by studying others. However, this can also be achieved by posing questions about what we ourselves do, believe, think, rather than only the others. The main contribution of medical anthropology "at home" is that it might show how close we are to the people we have traditionally studied. We have culture too. Analyses of what is going on here, there and everywhere will bring up the processes, mechanisms, powers which are mostly hidden beneath the surface. After all, anthropology is a comparative science and for comparison one needs knowledge of all the things you compare. However, there is a danger: we analyse and compare things from a particular (western) point of view. This can be

very limiting. One of the good things of postmodernism is "multivocality", but the usefulness of it depends on our willingness to hear other voices and to take them very seriously. So, I would like to see anthropologists all over the world start projects on medical anthropology "at home", not only in Europe, but also in Africa, Asia and the like, because I think it rather interesting to learn about their culture from their own point of view, from their own philosophy. This is what I try to make very clear to my international students at the Masters course.
The weak points are not different from those of medical anthropology in general. I would say there is a certain danger for medical anthropology to become a superficial kind of science, because anthropologists all to easily assume that others already know what they mean in their descriptions and analysis. Readers, research participants and anthropologists share and live in the same culture. Sometimes, I have to conclude that medical anthropology is not "logy", that is logos, but more anthropography, description. But we also have to ask questions like "why", "of what nature are the relationships between cultural elements and people" or "what are the origins of those relationships". We have to explain. I often miss a deeper cultural analysis in theses or articles, which are about the workings of culture at home. I think we can do that, because as anthropologists working at home we already know a lot about language and its subtleties for example. A critical and deep analysis of our own cultural world could contribute to the understanding of the today's pandemonium in the world.

In the last two decades medical anthropology developed from a small, very specialised field of interest in social and cultural anthropology to one of its most prolific sub-disciplines. What, in your opinion, are the reasons for this boom in medical anthropology and what can this sub-field contribute to anthropology in general?

The main reason for that boom might have to do with the fact that we – I mean people in the west – are so obsessed with health and sickness. As one of our ethical scientists remarked: We are not healthy to live, we live to be healthy. So, in a world so obsessed with health many researchers may find employment in this field. Well, beside this, there is another reason: medical anthropology boomed because the health of people everywhere is threatened by all kinds of events, by ecological disasters, wars, work or lack of work, loneliness, fear, etc. and I believe that anthropology can make an important contribution to the questions which go hand in hand with this suffering.
Its contribution to anthropology in general is, in my opinion, that medical anthropology deals with matters of live and death, matters of human passion and emotions, political and economic aspects of health and illness, symbolic aspects. And because it does so in a very special situation (life and death), it can give a very clear picture of how culture works. Medical anthropology has been very influential regarding work about the body for example.

When you reflect on the recent trends in medical anthropology in the Netherlands and elsewhere, what do you think is the future of medical anthropology and what do you wish to be its future?

I already said something about this. My greatest fear is that medical anthropology will become a sort of health science, which is more focused on applied matters, thereby losing its particular character. Although medical anthropologists should contribute to people's health by means of their descriptions and analyses, they should remain the "weird ones" in the scientific world, the tricksters who bring hidden mechanisms and processes into the open, those who challenge others. The art is to play the trickster within the arena of health and health care and not to forget our commitment to people who suffer.

Congresses

"Ethnopharmacology 2000: Challenges for the New Millenium" organised by the International Society for Ethnopharmacology (ISE) and the Society for Medicinal Plant Research (GA). September 4-7, 2000, Zürich, Switzerland. For information call: Department of Pharmacy, Swiss Federal Institute of Technology (ETH) Zürich, Winterthurerstrasse 190, CH-8057 Zürich. Fax: **41-1-635 68 82, e-mail: pharmacognosy@pharma.ethz.ch, Internet: www.pharma.ethz.ch/pharmacognosy
The Congress will be held at the main building of the ETH. Oral presentations (15 min. inc. discussion) and posters are kindly requested. The official language will be English.

The 4th European Colloquium on Ethnopharmacology "From the Sources of Knowledge to the Medicines of the Future" organised by the Société Francaise d'Ethnopharmacologie, Institut Européen de'Ecologie and the European Society of Ethnopharmacology is going to take place in Metz, France from May 11-13, 2000. The symposium will cover some new aspects of ethnopharmacology. It will try to establish the modes of transmission and the access to therapeutic knowledge in different cultures and civilisations. Main topics are sustainable development, the origins of traditional pharmacopeias, the development of scholarly pharmacopeias and medicines of the 21st century. Abstracts with title and names of authers (official languages are English and French) are to be submitted in duplicate before October 31, 1999, to Société Francaise d'Ethnopharmacologie, 1, rue des Récollets, F - 57000 Metz. Tel/Fax: ** 33-(0)3 87 74 88 89, e-mail: sfe-see@wanadoo.fr

Photograph last page: The Ethiopian Orthodox Church in Vienna

Afework Kassa

On April 25, 1999 the first Ethiopian Orthodox Church was founded in the Schottenstift church in Vienna. It was named "*Kidane Miheret*" (St. Mary). The ceremonial mass was celebrated by Archbishop Dr. Melke Tsedik, Patriarch of the Ethiopian Orthodox Churches in Europe; Pastor Dr. Merhawi Tebege, representative of the Ethiopian Orthodox Church in Germany, Priest Mesfin Feleke, coordinator in St. Gabrielle Orthodox Church in Munich, several Deacons and a chorus from Germany. Mag. Richard Tatzreiter, the first secretary of Cardinal Schönborn, Father Petrus Bsteh, the Rector of the Afro Asian Institute, and many other members of the Christian community came to congratulate.

A baby was baptised during the mass and it was thus accepted as a member of church. It was dipped into the water three times in the name of the Father, the Son and the Holy Ghost. In the case of a boy baptism takes place forty days after birth; in the case of a girl eighty days after birth.

After the mass the Holy Tabots (Arks of the Covenant) carried out a procession in the name of St. Mary accompanied by the followers outside the church. The chorus sung with the accompanying music of antique instruments which included the *tsentasil*, a type of sistrum, the *kebero*, a large drum, and a handbell. The ceremony was finalized by putting the Holy Tabot in its purified place in the church.

Finally, all participants of the ceremony were invited for a lunch of Ethiopian dishes. After lunch the Archbishop introduced Father Kidane Mariam, the monk that had been appointed recently by the patriarch to take care of the activities of the Ethiopian Orthodox church in Vienna.

The Ethiopian Orthodox community in Vienna was very pleased and thanks for the assistance rendered from the Catholic and Ethiopian Orthodox churches for the establishement of the "Kidane Mariam" church in Vienna.

God bless us.

Photograph: R. Kutalek

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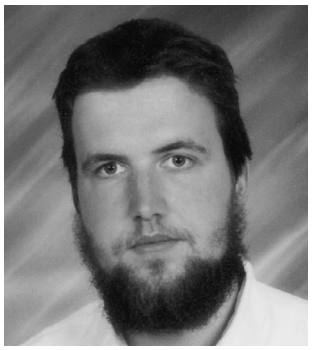

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