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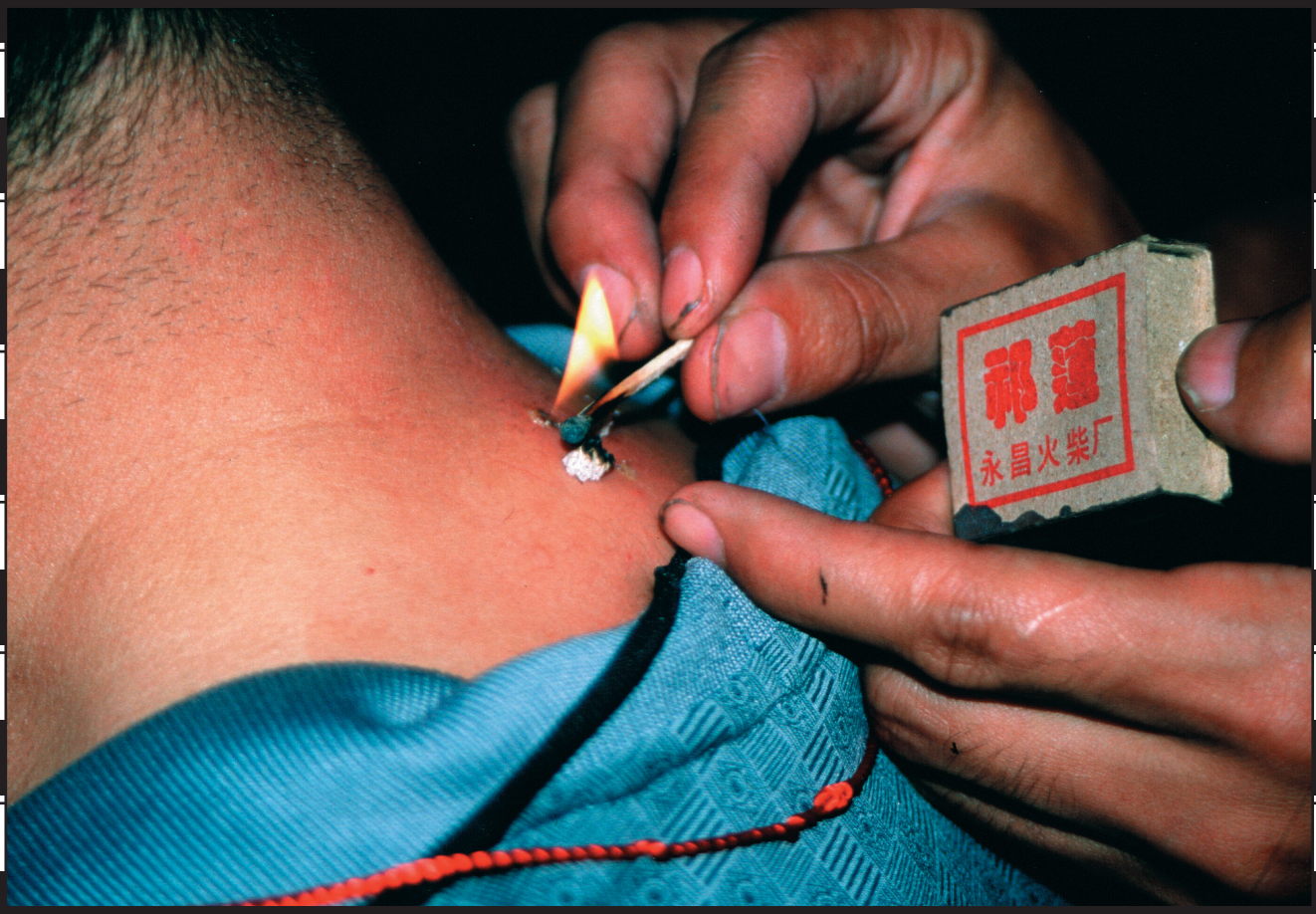

Tibetan moxibustion

INSTITUTE FOR THE HISTORY OF MEDICINE, UNIVERSITY OF VIENNA
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department of ethnomedicine

Frontispiece:

Moxibustion is a wide spread external application in East Asia. Traditionally the leaves of Artemisia sp. are dried and formed into small cones. These are put on the skin, either directly or with a slice of ginger or garlic in between. The resulting small blister is supposed to bring "bad liquid" out of the body. Some Tibetan physicians in the area around Amdo also use Lentopodium spp. for moxibustion. Not only the warmth but also the "cleaning" effect of the smoke are the main actions of this therapy. The term "moxibustion" is derived from Japanese "mokusa" – "burning herb".

Photograph: Katharina Sabernig

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Content

Editorial

Ruth Kutalek

In this issue and the following one we wish to present various projects that were organized within our department and either supervised by us or done by members of the Austrian Ethnomedical Society. The projects vary greatly in the financial support they receive and their state of accomplishment – some are already completed, some started only recently. Felicia Heidenreich and Doris Burtscher wrote a closing report on their fruitful project among the Seereer in Senegal; Gabriele Mosetig-Pauleschitz's work in Swaziland on Sangoma is still in progress; Katharina Sabernig is preparing for her next field research in Amdo, Tibet; Evelyn Kohout is presently doing studies for her M.A. thesis in Canada and Gabriele Haslinger and Ines Prunner have just left for their first field trip to Belize. The presentation of Dagmar Eigner is part of our new series on visual anthropology and ethnomedical fieldwork. It should be pointed out that what all authors have in common is their focus on qualitative research techniques.
We also want to correct a printer's error from our last issue. Nina Etkin of course did not conduct research in East Africa but in Nigeria, Westafrica.
We hope you enjoy this issue and find some interesting pieces of work.

Concepts of Sickness and Traditional Treatment among the Seereer, Sine-Saloum Region, Republic of Senegal

(FWF-research project P-11247 MED)

Felicia Heidenreich, Doris Burtscher

Presentation of the Project

From October 1996 until April 2000 the Department of Ethnomedicine hosted a large research project funded by the Austrian Fund for Promotion of Scientific Research (Fonds für die Förderung der wissenschaftlichen Forschung, FWF). The traditional medicine of the Seereer in the Republic of Senegal was the study area, inquiries centred around healing practices and healers' biographies. Armin Prinz had the idea to extend research on healers' biographies to other regions of Africa. So far this kind of research had been conducted in Zaire with the Azande by Prinz himself (1994); in Tanzania with the Bena by Ruth Kutalek (1999), and with the Waruguru and Wadigo by Edmund Kayombo (1998); in Nepal with the Tamang by Dagmar Eigner (1999), and in other parts of the world in smaller field-research projects for masters' theses.

Describing the universe of traditional healing by studying healers' lives in their societies is a social science approach allowing for very personal involvement. The researcher has to be admitted into the healer's everyday life, which is not always an easy task. But once admitted, he has access to much more information than somebody passing with a questionnaire. Of course the information obtained is valid only for the healer one worked with. Still, in studying different life stories, universal elements emerge. There are not only elements common to this particular ethnic group but also features that reappear in biographies of healers from different cultural backgrounds (Prinz 1986). In particular, during the process of becoming a healer there are several recurrent principles: predestination, refusal, initial disease, initiation (with a symbolic burial and rebirth into the new function), contact to a supernatural being and recognition by society. Convinced that these elements could be found universally, Prinz initiated this project in order to gain evidence supporting this theory and to add more elements to it. Furthermore, an ethnography of Seereer healing practices was to be established.

The research was to be carried out by two collaborators: initially two anthropologists (Doris Burtscher and Patric Kment), a woman and a man, in order to have the possibility to gain equal access to female and male healers. The male anthropologist quit his job after 5 months and in his place a female medical student (Felicia Heidenreich) was recruited. Interdisciplinarity took the place of the difference of gender and proved to be successful.

The Project Area

The reasons for choosing this particular ethnic group and region were of quite practical nature. Since the late 80s Armin Prinz had been cooperating with the Austrian development agency on a project in Senegal. In Fatick a centre for traditional medicine was being constructed, partially funded by the Austrian government. The "Centre Malango" was intended to confront traditional healing methods with modern laboratory exams in order to prove scientifically the effectiveness of these practices. Prinz helped to set up the laboratory facilities and trained a Senegalese laboratory technician to work there. He conducted a study on the traditional treatment of diabetes (Prinz et al. 1994) showing a significant influence on the blood-sugar level. These first encounters were deepened by Doris Burtscher's field research involving traditional healers who work in the centre. Studying the symbolism of birds in traditional medicine, she found out about the wide knowledge of the healers (Burtscher 1994). Working with more than 70 healers, Simone Kalis studied transmission of knowledge and healing practices in the same region (Kalis 1997). A purely quantitative study about the healers was conducted by the research group of Charles Finch (1992), checking 330 items about the healers' lives and about health care seeking behaviour in the region. The results of this kind of research give an idea of the widespread use of traditional medicine but cannot be used to describe the role of a healer in his or her society. In opposition to this study, Prinz wanted to initiate a purely qualitative approach involving few healers but accompanying them extensively. The biographical method seemed adequate to describe the process of becoming a healer and his position within his group.

The research was to be based in the centre in Fatick, where an initial contact to the healers would take place. From there the healers would be followed in their villages, their usual environments. Difficulties upon arrival and financial problems of the centre led away from this idea. The base for the research project was to be installed separately in the region of Fatick at a place that seemed well situated to reach a large number of villages. This final set-up allowed a different approach also to healers who did not agree with the idea of a centre.

The region of Fatick in situated halfway between Dakar (the Senegalese capital) and Gambia, and is populated mostly by Seereer. Fimela was the village chosen as a base camp: From there several bigger and smaller villages in the area of the «petite côte» and in the delta of the Sine and Saloum rivers were easy to reach.

The Seereer are the third largest ethnic group in Senegal (15 percent after Wolof and Peulh/ Toukouleur). Most of the population in Senegal (94 percent) has adopted the Islamic religion, but the Seereer are one of the groups with the highest rate of Catholics (ÖFSE 1999). They are organised in a bilinear way, with a maternal and a paternal lineage (Dupire 1978). In many ways they resisted the destruction of traditional practices and still cling to certain animist beliefs. Those are of great importance in the social organisation and in healing.

The *pangool*, power principles related to ancestral spirits or inhabiting certain places, play an important role as mediators between God *(roog)* and humans (Gravrand 1990). They are responsible for certain diseases involving possession in which patients often present psychiatric symptoms. On the other hand, the healers derive their knowledge from the pangool, and invoke their help in the diagnosis and treatment of diseases. Offerings for the pangool often preceed any therapeutic act, and the respect of their will is essential for getting well. The healer's authority is based on his special relation to the *pangool* and on his ability to communicate with them. This shows the close relationship between religion, medicine and social order that finds its counterpart in the traditional explanations of causalities.

Research Work

As was mentioned above, the research work was to be centred around the life stories of a few healers. The first important step was to encounter healers who were willing to work with us in this sense. Starting inquiries in different villages in the region (Mar Lothie, Palmarin, Djilor, Diofior, Mbissel), we were able to interview a number of healers, men and women, about their work, about the diseases they treated and the plants they used. Often though, these healers were specialised in the treatment of just one disease. It was rare to find them actually treating patients. Nevertheless, this was an essential step towards the understanding of the traditional healing practices, of the transmission of knowledge and of the way disease and the body are represented and explained. This phase could be considered an initiation to Seereer medicine. Through contacts established during this time, each of us found a healer to work with – Felicia Heidenreich Ndiom Faye from Ndiedieng, Doris Burtscher Geidj Faye from Thiolaye. These two healers were a sort of "general practitioners", treating several diseases and seeing a number of patients every day. Of quite different characters, they represented many aspects of Seereer culture and traditional healing. We spent a lot of time at the healers' homes, observing them in their actions and behaviour with the patients. We taped conversations between the healers and their patients and led interviews with the healers asking them about their life and work. The notes of our participant observation were completed by the transcription of the tapes. None of the healers speaking French, we had to work with native Seereer interpreters. We tried to get translations as close to the word sense as possible, aware of the bias of such a practice. These inquiries were completed by interviews with members of the healers' families, with friends and with patients. Slowly the pictures of the healers' lives became clearer. We took photos of the healers' activities in order to gather as much information and illustration material possible. Doris Burtscher made several videotapes with the healer she worked with. On the occasion of Armin Prinz' last visit, an important amount of film material was realised.

The Healers and their Life-Stories

We will resume the lives of the two healers we worked with in order to illustrate what has been said earlier. The biographies of these two healers are quite different according to the influence of Islam on the healers. Still, several common elements emerged.

Ndiom Faye from Ndiedieng

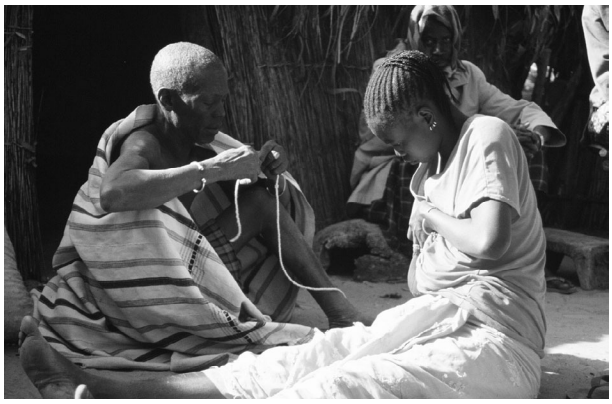

Fig. 1: Ndiom Faye is treating a patient suffering from mastitis.

Ndiom Faye was born as the second of two sons and several daughters in a big family. He grew up with his parents in Diohine at the interior of the Seereer country and also spent some time with his mother's mother. Soon his maternal great-uncle, who was a healer, sent him to search for medicinal plants. This great-uncle showed a special affection for the young boy, but never taught him directly nor gave him lessons on the diagnosis of diseases or the utilisation of plants. He must have known that Ndiom had been chosen by the *pangool* to take the healer's task after his own death. Still, after the uncle's death, ten years went by before Ndiom actually practised.

As a little boy Ndiom was responsible for the smaller animals, but at the age of twelve he took charge of the herd of cattle for the whole family. He wandered around in the region with a Peulh herdsman during several years looking for good feeding grounds for his cattle. He learned very early to act in an independent and responsible way. He still uses some of the treatments for cows he observed at that time to treat breast infections in humans. Cows have always played a very important role in his life. At the age of about 18 years he had his own initiation with the other boys of his age group. Soon after, he

married his first wife, who had been chosen by his father. His father had an important position in the community, he was responsible for the protection of the whole initiation, and he knew a number of recipes for protections and talismans for individuals. Ndiom and his brother learned a lot from him. He came to see the boys at night with the herd and told them secrets about plants and protections. The older brother Boukar had to take charge of the altar for the *pangool* and of the offerings which have to be given at special occasions (e.g. before eating the millet of the new harvest). Still today Ndiom has to ask his brother for permission in certain affairs. More than ten years after his initiation, years during which he wandered often in search for good feeding grounds, he decided to move to the coastal region where he found what he had been looking for. Shortly after, he fell very sick; nobody knew what he was suffering from and everybody thought he would die. He relates the onset of his disease to his attempt to convert to Islam. He had hoped to be able to escape the influence of the *pangool* by that means. He had already felt urged by the *pangool* to take the healers charge, but at that time he did not feel ready for that, his children being to young to help him with the cow herd and the field work. The disease made him weak. He fell down, coughed and was unable to complete his everyday tasks. His mother convinced him that he would have to accept the healing charge in order to get well, if he did not want to stay sick for the rest of his life. During this time he even went to the hospitals in Fatick and Dakar. He has talked about x-ray exams and other tests that had been done for him. What he tells in this context is not very clear: on one hand he is convinced that only the *pangool* helped him where nobody could have saved him (they had told him to take peanut shells as a treatment), and on the other hand it was the *pangool* who told him to get treatment in hospital, and the injections he got there helped him to get well (presumably he got cortisone injections for his asthma attacks). In any case, the *pangool* had helped him and he was obliged to them. When he felt a little better he went to see a woman healer, whom the *pangool* had shown to him, to have her make a divination for him. This woman had already known about his coming and told him that he had to do the so-called lup-ritual – the installation of an altar for his *pangool*. This ritual took place at Ndiom's compound at a place indicated by the *pangool*. He was covered with a white cloth (symbolic funeral) and the lup-priestess sacrificed an ox for him. This act symbolising his acceptance of the charge was a big celebration for the family and the society in a whole which marked the beginning of his healing activity under the guidance of the *pangool*. During the four years of his disease, the *pangool* visited Ndiom at night in his dreams. They told him all necessary knowledge about plants and healing in their own language. In the beginning he read the diagnosis from the palm of his patients' hands, but later the *lup*-priestess asked him to change this. He had to give an offering and his face was washed to make him "see clearly". Since then he uses a sort of geomantic oracle in the sand to find out about the causes for a disease and the way he should treat it (Heidenreich 2001). This oracle is a very important element of the healer-patient encounter. With the help of the *pangool* as the traditional authority the healer and the patient work out a sense for the suffering. Thus, the theory of the bicausality of disease is confirmed: a natural and a supernatural, that is a sociocultural cause, have to be elaborated in order to make the treatment possible (Prinz 1993, Zempléni 1985).

This short biography already shows the important elements of the becoming of a healer: the initial disease, a symbolic death and the relation to an accompanying, transcendental being (Prinz 1994).

Geidj Faye from Thiolaye

Geidj Faye was born in Thiolaye in 1939, in the Thies region, as the first child of Abdou Faye and Tening Ndiaye. He remains the only child out of this marriage. He lost his mother at the age of five, and shortly after that his brother who was two years younger. His father remarried, but only one of eleven children survived – Geidj's only brother Sanu Faye.

Geidj grew up in Thiolaye with his small family. Twice they change their living quarters within the village. He did not attend school. Geidj was born into a Muslim family, which affected his attitude towards the *pangool* later on. The members of his family have been healers for several generations. Geidj's father is revered in

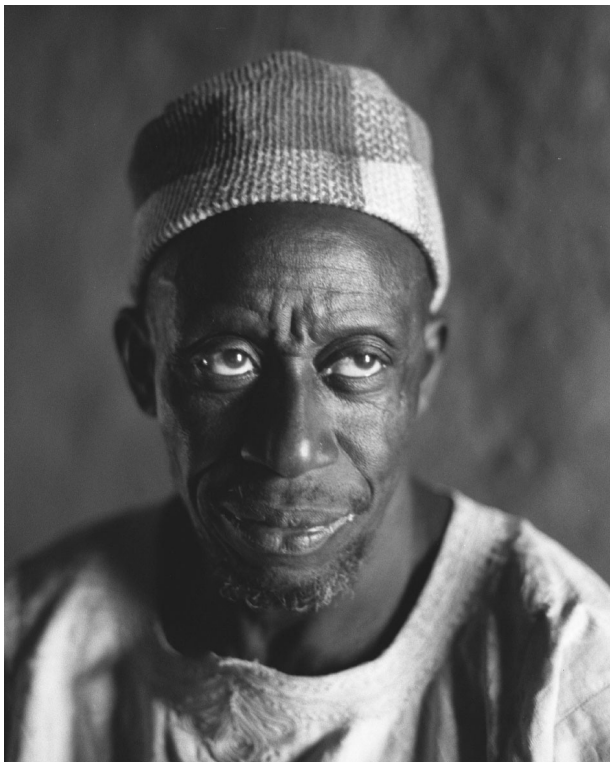

Fig. 2: Geidj Faye

this region as a strict and respected person, he is known to be a great healer.

Geidj was a quite and serious child. He preferred his father's company to playing with his peers. He followed him everywhere and always stayed close to him. While he was young he took care of the goats and calves, and when his father got sick he helped out on the field.

Geidj was born with a special gift of clairvoyance. People with this ability are said to have a "large head", to be "owners of the head". Geidj's gift was recognized very early. When his mother died he started to accuse people of witchcraft. Since then he was increasingly exposed to the attacks of sorcerers who wanted to reduce him to silence. His father, aware of the great danger his son was in, conducted a ritual to diminish his alert mind. Geidj is still angry with his father for doing this. He claims that this has destroyed part of his power. Nevertheless he continued to admire his father and stayed by his side.

When he turned thirteen, he was ritually washed for the same purpose by the village elders. Shortly before he was initiated his father started a new effort, but Geidj refused. At the age of nineteen, Geidj was circumcised, and on the same day he entered the men'ˈs house with several other young men and stayed there for two months. Seven years later Geidj married Gnilane Ndiaye after he had refused his father's and uncle's prior suggestions for marriage. Another seven years later his first daughter was born followed by two more daughters and one son.

Geidj was forty-one when his father died. This event brought about a major change in his life. Already being a father, he now became the head of the entire family. Now he was exclusively responsible for the position of a healer. His father's younger brother, who should traditionally have inherited this position, told Geidj that it was his duty to replace his father. Otherwise the people would be likely to doubt his knowledge.

Geidj learned both from his father's and mother's side of the family, although his father taught him the most. A small portion of his knowledge was due to interacting with other healers, and another part comes from God by means of the *pangool*. When he was a young man he was able to watch his father and learn about the healing powers of plants and the effect of specific therapies. His father tried to incorporate him into his work as much as possible. He made him collect plants and let him treat various diseases under his supervision. Geidj also replaced him when he was away. His father talked to him about the inside of the body and anatomy. Geidj's therapeutic spectrum is quite diverse. He calls himself a "generaliste" who treats all kinds of diseases. The family is mainly specialized in healing people who were made sick by evil powers.

Geidj has strictly refused to accept the help and knowledge of the *pangool*. He grew up in a family that had long banished the *pangool* from their daily lives. The members of his paternal family had already converted to the Islam a few generations ago. His maternal family lived in an Islamic village where the *pangool* where never even talked about any more. His education and upbringing thus influenced his religious ideas. However, he still seems to be unable to entirely disregard the *pangool*. During the last few years it became more and more obvious that the *pangool* especially liked him and constantly visit him. He assumes that various diseases and

accidents in his family were caused by the *pangool*. Thus they show him that they are not pleased with his behavior. Geidj is afraid of working with the *pangool* since he believes that he won't be able to meet their requirements. He tries to substitute the regular sacrifices to the *pangool* by sacrifices to the community. But the *pangool* come to him more and more often. Geidj suspects that they are looking for somebody who would be responsible for the sacrifices to the ancestors, and that they chose him for that task.

Thus he finds himself in a decisive period of his life. If he were really chosen by the *pangool*, he wouldn't be able to refuse.

Healing Practices

Previously, we gave an overview on the use of plants in the traditional healing practices of the Seereer, observed in the daily practice of the two healers (Burtscher and Heidenreich 1999). Two very frequent practices – massages and washings – were described in order to present different ways of the transmission of knowledge (Burtscher, Heidenreich, Kalis 2000). As becomes clear from the healer biographies, every healer has several sources of knowledge which he combines in his healing practices: apprenticeship, observation, instructions by elders and by supernatural beings. His social recognition relies on his initiation and on the effectiveness of his treatments. Treatments involve plant use, baths, massages, offerings and rituals. Of great importance is the symbolic meaning of plant names; its significance enhances the effectiveness of the plant.

Results and Perspectives

This report gives an idea of a work in progress. The vast material has been organised and prepared for further analyses. Doris Burtscher is working on an extensive portrait of Geidj Faye for her Ph.D. thesis. In her M.D. thesis, Felicia Heidenreich described the influence of modern medicine on the work of Ndiom Faye. The list of publications gives an impression of the large variety of subjects treated in the framework of the project. A list of topics still has to be treated. Already, we can state, that the theoretical and methodical approach proved to be adequate. The work with few healers in a very close and intimate manner gave insight into many aspects of the healers' lives. We were able to find out about the most important elements of their biographies. These elements supported the theory of universal events and structures in the life stories of healers (Prinz 1986). It would be interesting indeed to extend this kind of research to other regions of the world, using the same questions. Finding universalities in traditional healing practices helps the construction of a framework for a better understanding of these practices and of the role healers play in their respective society. This is a necessary basis for WHO policies calling for the engagement of traditional healers in primary health care (WHO 1978, Prinz 1996).

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The Becoming of a Sangoma. "*Kudede umnyama kuvele ukukhanya*" – The Darkness Should Give Way to the Light

Gabriele Mosetig-Pauleschitz

"Kutfwasa means 'the becoming'. You can't truly 'learn' to be a sangoma, you must have your intellectual and emotional being transformed until you have literally 'become' a new person: in this case, a sangoma." (Hall 1998: 65)

Abstract

This research aims to describe the traditional medicine of Swaziland and here in particular the specific healing quality of the spiritual, mostly female healers. The crucial points of consideration are the calling of a *sangoma*, the learning process (*kutfwasa*), the rituals and initiations, divination, possession trance and the different modes of treatment focusing on gender-specific aspects of healing.
This research was financed with a scholarship of the University of Vienna ("Kurzfristige wissenschaftliche Arbeiten im Ausland") and a scientific scholarship of the Magistratsabteilung 18 of the City Council of Vienna. I thank Professor Prinz and the Department of Ethnomedicine for support.

Introduction

The Kingdom of Swaziland (*Swazi Umbusu Weswatini*), situated in the southeast of Africa with a population of 85% ethnic Swazi homogenity, is a Parliamentary Monarchy with Head of State King Mswati III. The Swazi language belongs to the Benue-Congo group of the Niger-Congo languages. SiSwati, Zulu and Xhosa represent the southern Nguni ethnolinguistic group.

Although traditional medicine was suppressed during colonization, it is today the main source of medicinal supply of the Swazi. The traditional medicine – in difference to the western health services – is imbedded in specific sociocultural concepts and inseparably connected with moral, religious, social, legal and economic conceptions: "Every culture and every society possesses a specific mode of interpretation and treatment of diseases, knowing its own validity as well as limits." (Pfleiderer 1995: 2, Transl. G.M.P.)

Due to the linguistic and cultural relationship of the neighboring Nguni tribal societies such as the Xhosa, Zulu and Swazi we can find some analogies in the work of their traditional healers. The literature shows general and specific works of the traditional Xhosa and Zulu medicine like for instance du Toit (1971); Hirst (1993), Kohler (1941), Lee (1969), Ngubane

(1977,1981,1992); Raum (1986) and van Nieuwenhuijsen (1974). Specific studies of the Swazi traditional medicine like Gort (1986, 1997), Green (1989), Green/Makhubu (1984) and Makhubu (1978) add to general ethnographic works like Kuper (1947, 1953, 1972, 1978), Marwick (1966) and Kasenene (1993).

This specific research explores the traditional medicine focusing mainly on the healing art of the *sangoma*, the spiritual predominantly female healer of Swaziland. Originally my intention was to document the daily work of the healers by studying medicinal and ritualistic treatments, disease and illness conceptions and culture bound syndromes assuming an individualistic and female attitude towards healing. But the demands of real fieldwork changed my plans and made me concentrate on the becoming of a *sangoma* – the ritualistic stages of shamanic learning – the *kutfwasa*. The calling to the profession, the healing art of a *sangoma* and the role of healer provides an option for women especially in patriarchal societies to develop a social network apart from family ties. They achieve decision-making responsibility, status, prestige and a financial income – in this sense – "Women transcend the domestic domain via the route of healing." (Sargent 1989: 206) Further consideration was given to possession trance as means of divination appropriate for diagnosis and choice of therapy. Communication with the ancestors is central in finding the truth in illness episodes, gives identity to the *tangoma* and provides social acceptance. In the sense of dialogue, interaction and communicative research a way should be found to understand and present the active, independent performance and creativity of the female healers. They are the ones who greatly participate in the social reproduction of physical, psychological and spiritual health.

Personal Experiences

It was December 1999 when I arrived in Swaziland for the first time. On the whole I spent six month there. The only contact I had so far was name and address of a Swazi journalist. He had worked as a research assistant for the American anthropologist Ted Green. It was Green's article "Mystical Black Power: The Calling to Diviner-Mediumship in Southern Africa" (1989), which inspired me and he encouraged me to do this specific research work. My Swazi informant was willing to support me and introduced me to several spiritual healers.

Right from the beginning I was working with two different female healers living in the semi-urban district of the Ezulwini Valley. LaZ., a respectable *sangoma* (pl. *tangoma*) and well known for her bone throwing accepted my visits and questions due to her friendship with the journalist Joseph G. She told me: "I like you, but if you had come alone, I would have told you nothing." LaZ. established my basic knowledge and understanding of the bone throwing, one of the main divination techniques in Swaziland. Then I got to know Gogo L., a *sangoma* specialized in children's and women's treatments. Due to participant observation in her homestead it was possible to acquire the basic knowledge of traditional disease concepts and Swazi modes of treatment.

But what I really wanted was a female *sangoma* – an active and experienced healer with daily routine in treatments, performing spirit mediumship and bone throwing as divination techniques and possibly a *gobela* (guiding *sangoma*) with *ematfwasa* (trainees, sing. *litfwasa*). Hopefully she would give me accommodation and participation in her daily work and introduce me to the spiritual realm of traditional Swazi medicine. I thought that the healer would demand financial compensation and presents for her inconvenience. Furthermore I was willing to show my respect, interest and open-mindedness for the traditional medicine.

But the healers' comments were obvious. They were willing to co-operate and willing to answer my questions. I could watch them treating patients and even watch bone throwing sessions. – Gogo L. always said: "Do you have other questions. I am going to help you to pass your examination at university. I want that your professor is happy with you." But as soon as I touched the spiritual part of *emadloti* (ancestors, sing. *lidloti*), as soon as I wanted information about spirit mediumship and spiritual aspects of divination, the doors were closed. At last I faced the facts. I was always asked why I wanted to know everything about the spiritual aspects of traditional medicine. In

spite of my rational explanations everybody believed – if I were that interested I would want to become *sangoma* myself or that I would acquire divination qualities. On the other hand wouldn't the healer give away the secrets of her healing profession enabling me to work as a healer myself afterwards? In that case I would earn a lot of money without "*having paid the cow*" (training fee). A lot of people wondered how I would understand the traditional medicine and the becoming of a *sangoma* without having experienced it personally, without having felt the pains of being transformed into a new spiritual personality.

LaZ. was throwing the bones for me and told me three times: "You are a *sangoma*. You can make your research for university, it's okay. But your *emadloti* did send you to Swaziland, because you are a destined healer. You have the gift of healing. You have to *kutfwasa* (formal learning of a *sangoma*). It's not good to visit a lot of healers, you should stay with one *sangoma* and learn." At last I accepted the challenge. I had to learn myself and undertake *kutfwasa* - the traditional training. I had to submit to the ritually constructed *gobela* – *litfwasa* (guide – adept) relationship. This personal learning process and spiritual rebirth was necessary to respect the *emadloti* as well as the *tangoma*'s way of knowing and spiritual healing qualities.

I spent my second field-research in the rural south of Swaziland, in the district Shiselweni. An old *sangoma* Gogo N. adopted me as her daughter and guarded my learning. The dynamic *gobela* Make LaH. accepted me as her litfwasa and I moved to her homestead. Therefore it was possible for me to gain deep insights into the formal and ritual training of a *litfwasa*. The knowledge, collecting and handling of medicinal plants and the assistance during treatments of patients are essential duties of a *litfwasa* as well as strict obedience and subordination. Daily cleansing rituals, nocturnal drum and dance sessions to control spirit possession, to train steady communication with the ancestors and to handle *inhloko* (spiritual insight) and dramatic initiation rituals accompany the learning process.

What I experienced during my research work in Swaziland can be seen clearly considering three different levels of understanding. It was the research that sent me to Swaziland to organize a fieldwork as basis for my Ph.D. at university. This scientific level of consideration helped me to look at the events from a distance. The western interpretative view of things, an etic approach to traditional Swazi medicine supported me when I was about to lose myself during fieldwork and personal problems of adaptation. The second level of understanding concerns the instructions of the sangoma with whom I was studying. This regards the sociocultural level of my work as I submitted to a culture bound training. Participant observation and sharing characterized this attitude, an emic approach to traditional Swazi medicine. The third level is personally and individually structured with the instruction of my ancestors. This spiritual part of field-research characterized by strong feelings on my part relies on my visions and dreams during the process of *kutfwasa*. Associated with the spiritual level are 4 main elements attending the *sangoma*'s way of knowing and structuring the main rituals: water, wind, blood and gall.

The Becoming of a Sangoma

The Call of the Ancestors

A *sangoma* is called to her profession. There are many different ways to experience a vocation. In most cases it is a long-lasting illness, that makes a patient suffer constantly, brings exhaustion and loss of weight. The illness contrasts with unspecified aches, mostly pains in the back, pains and paralyses of legs without apparent organic disease, or headache. These persons experience misfortune over long periods of time, like an unusual high account of deaths in the family or they show a strange behavior. The call of the ancestors does not correspond to certain phases in the life cycle or to transition from one phase to another. Every person in every phase of his or her life can be called to the healing profession. Remarkable is the fact that there are various signs or extraordinary occurrences in the lifes of later *tangoma* long before the call is diagnosed. Important are dreams and visions, in which ancestors and sometimes snakes appear and transmit messages, or these persons are called into the water. It can take years before a calling is recognized. Some have this experience

already as children, they conceal it from others or suppress it. Occasionally it is not understood by the family or not correctly diagnosed. There are *tangoma* that are acknowledged as healers at a young age. Others go through the training at a later stage in life, when the children are already born or grown up. Mostly different healers are consulted before the calling is accepted.

There are different possibilities how a *litfwasa* gets to her *gobela*. Possibly during the night or in the morning she could disappear at the height of her illness because she had a vision of her *gobela* and receives the strict order to go to her. It is possible that the family takes the patient to an *inyanga* or a *sangoma* for *kubhula* (divination) to find out the cause of the illness. There the patient is recognized as *litfwasa* and stays to learn. But it could also be during a healing ceremony or drum session that somebody from the crowd is shouts out and gets possessed by his *lidloti*, who proclaims this person a *litfwasa*. When the illness that is leading to the vocation is not properly treated and the call of the ancestors is not followed, the patient can die.

The healer with whom I studied, Make LaH., received the call of the ancestors at the age of 14 in 1962. As a child she occasionally attracted attention because she became unconscious. After a while she got up again and went on playing with the other children. Then there were the dreams. Once she dreamt of a huge snake. The snake made a circle around her and another girl, but left a narrow opening through which the girl and the cattle could flee. For her the snake closed the gap. Later she dreamt about "short people" in red clothes like the *tangoma*. They came to her over a mountain. Then she saw snakes, green snakes crawling around – they are thought of as personifications of the ancestors – but she kept it a secret, her mouth remained closed. Later the pain began in her left foot. First it was itching, then the feeling of pins and needles, she continuously wanted to rub her foot on the floor. As time went by the pain increased. The whole left leg hurt and soon she could not walk anymore. In the clinic they gave her an ointment, after which "her foot turned green" but showed no sign of improvement. As walking was impossible her mother decided to cut open the foot. She found loose pieces of meat which she could pull out one after the other. This was followed by a fountain of blood.

Her father died in 1960/61. During this time she enjoyed going to church, but when taking the bible the letters faded away and she could not read anymore. She dreamt of her *gobela*, she saw the person and the homestead.
Her mother contacted this very *gobela* in Mabhudlweni/Mlosheni and took her home to help her. The *gobela* gave her *ingwebu* to drink and rubbed her feet with it. After the foot improved the *gobela* took her to live with her. As she was still a child nobody told her that she would be a *litfwasa*. The drums were beaten and a voice commanded: "Get up and dance!" – but another voice said: "Remain seated!" – so she remained seated. The other *tangoma* advised her to get up and dance if requested by her *emadloti*. Then she was taught dancing, *kubhula* and the knowledge of medicinal plants. As her father had died and her mother was poor and had to take care of the other children, she had to stay with the *gobela* for 5 years to work for her in order to pay the fee of three cows.

The call of the ancestors usually goes with an initial illness. Every Swazi has ancestors that protect him and whose moral commandments he must follow. One need not be a healer to have *emadloti*, but they enable and force a *sangoma* to heal. The ancestors dominate the life of a healer from the calling until an eventual withdrawal from the healing occupation. It is a co-dependency, because the spirits also find fulfillment in the communication with the living and often a *sangoma* continues the healing mission of an ancestor. Normally it is believed that the ancestors send the illness to turn the descendent into a medium by forcing him to follow the call, instead Make LaH. does not believe this. In her opinion the illness is present for a long time, and it is the *emadloti* who protect one from the worst. For that they expect certain things that must be fulfilled. The *litfwasa* must lend them her body to let them speak out and be inspired to heal.

Make LaH. has already trained 20 *ematfwasa*. She began in 1983 with her first *litfwasa* – "to be *kutfwasisa* is a gift of *emadloti*" – one has to commit to this duty according to her opinion.

There are different ways to become a *gobela*. In her case a young, sick man – the son of a befriended *sangoma* – came to her of his own accord. By choosing her, he made her a *gobela*. But always the *emadloti* lead the way and define the learning, the *gobela* is the companion and structures the training.

Diagnosis

Diviners communicate in trance directly with the spirits and diagnose the cause of the illness or mishap. The two expressions *kubhula* (to divine, diagnose) or *kuphengula* (lit. diagnose or divine by casting bones, consult a diviner) – generally "to reveal the unknown" (Makhubu 1978:84) contain the process of divination. *Kushaya ematsambo* (bone-throwing), *kushaya ngenhloko* (divining out of the head) or *kufemba* (diagnostic and healing ritual) are the main divination techniques. A *sangoma* is chosen by her ancestors to be a healer and during a ritualized apprenticeship is trained to control spirit possession. She receives healing powers and clairvoyant abilities.

In Swaziland one can find a regional and individual differentiation in the work of the *tangoma*. Apart from that I learned to distinguish 2 different schools. The tangoma in the southern part of Swaziland – an area traditionally connected to Kwa Zulu Natal/South Africa – differ in some aspects from the *tangoma* of the rest of Swaziland, who dye their hair with red ochre. An exact differentiation and explanation would lead too far, it must be emphasized that *kushaya ematsambo*, although slightly different in its ways, is used by both schools. The *femba* ceremony is not practiced by the above-mentioned *tangoma* in Shiselweni. Along with other technical aids for divination I like to mention *kushaya ngenhloko*. In this case the *sangoma* uses no aids, she diagnoses in a prophetical way. She hits herself with an oxtail (*lishoba*) on the shoulders, stamps with a spear on the floor and diagnoses with the assistance of one or more categories of spirits. One can say that not the technical aids are of importance in interpreting but the clairvoyant ability.

Kushaya ematsambo is based on interpreting the casting of different bones, shells, snail-shells, dominos, dice and other objects. Each part has a specific symbolical meaning, but only when combined do these parts help the *sangoma* to a holistic view of the patient's problem. Therefore it is of little value to an outsider to know the meaning of the single pieces, because only the clairvoyant ability to see beyond the facts help to understand the patient's situation. Make LaH. explained that sometimes during a bone throwing "you read the bones" and sometimes "you can close your eyes and without looking at the bones, you see the whole story of this person. You don't even look at the bones." It is with the support of the spirits, that a *sangoma* recognizes the truth. This process is imbedded in a ritualized call and response pattern leading the *sangoma* at first to find out the complaints or problems of the patients without getting any clues. Then the bones show why something happened to somebody and possible ways of treatment be it forms of medicines, rituals or counseling. *Kushaya ematsambo* has no healing powers. Afterwards the patient is as sick as before, but he received warmth, attention, care, clarity and counseling.

If the problem is too complex or the bones cannot find out the cause clearly a *femba*-ceremony can be held. It is the ritual "sniffing out" of the magical cause of disease and the sniffing out of the evildoer. *Kufemba* is therefore simultaneously a diagnostic and healing ritual. The spirits of the *sangoma* fight with the evil spirits of the patient, they have to be more powerful than the opponents and defeat them. The patient leaves with more strength, he might even be healed. In this way *kufemba* is also treatment, the general health condition can improve greatly. The *sangoma* imitates with the help of her spirits the evildoer, she imitates his voice, the way he walks, his mimic and gestures – everything in order to help the patient recognize the harmful person. Just as dramatic is the staging of the ceremony. While *kushaya ematsambo* is performed in an intimate and personal atmosphere between the healer and the patient, *kufemba* is a public, dramatic staging. Helpers are singing, shaking rattles, beating the drums and the *sangoma* in trance is waving the *lishoba* (oxtail whisk) against the patient's body and sniffing the ultimate cause of the illness (Hall 1996:169). All these attributes serve the purpose to gain the faith and trust of the patients to go through the often long and difficult treatments.

Traditional Swazi Methods of Treatment

We can distinguish three main levels of traditional ritual treatments. On the spiritual level the clairvoyant abilities of the *sangoma* help them to gain insight into the whole life and illness of the patient. She uses her visions and dreams for diagnosis and treatment. Experiences of trance and spirit possession structure the relationship between the healer and the patient and finally the good spirits fight the evil spirits in order to heal the patient. The central person in this process is the *sangoma* – a diviner who is called by her ancestral spirits to this task. On the psychosocial level the patient gets counseling in critical situations according to standards of moral and social behavior. The patient experiences a maximum account of care, attention, relief and support, further he feels sheltered and accepted. *Kushaya ematsambo* offers a heart to heart talk; *kufemba* is a dramatic performance of psychosocial conflicts and magical threats. Both give the impression of confidence. If the *sangoma* finds out the actual problem without any help, the patient trusts the *sangoma* even more. The medical level consists of mixing the herbs, collecting and processing different medicinal plants and a variety of other methods of treatment. Whereas illness concepts of "African diseases" are described similarly, the healing methods may differ from healer to healer. Each healer uses her own recipes and herbal mixtures; the ritual treatment may be a matter of the healer's individuality.

The medicines are classified as medicines for healing, treating, pharmacological purposes and as medicines for the ritual, symbolic and spiritual context. The medicinal plants, barks, roots and leaves are either crushed in a mortar with a pounder – this is called *kugcoba* or *kukhobola* – or ground on a stone. The medicines are dried afterwards.

I would like to explain various methods of treatment with which medicines are dispensed to the patients.

Kugata, also called traditional vaccination or "*African injection*" (Hall, 1996:170), are small cuts, scarifications with a razor blade just to produce a drop of blood. Burnt or powdered medicine is rubbed into the wounds on painful parts of the body. Conceptions associated with *kugata* concern the better efficiency of the medicines and/or the removing of poisonous or evil substances out of the body. *Kugata* is a preventive as well as healing measure.

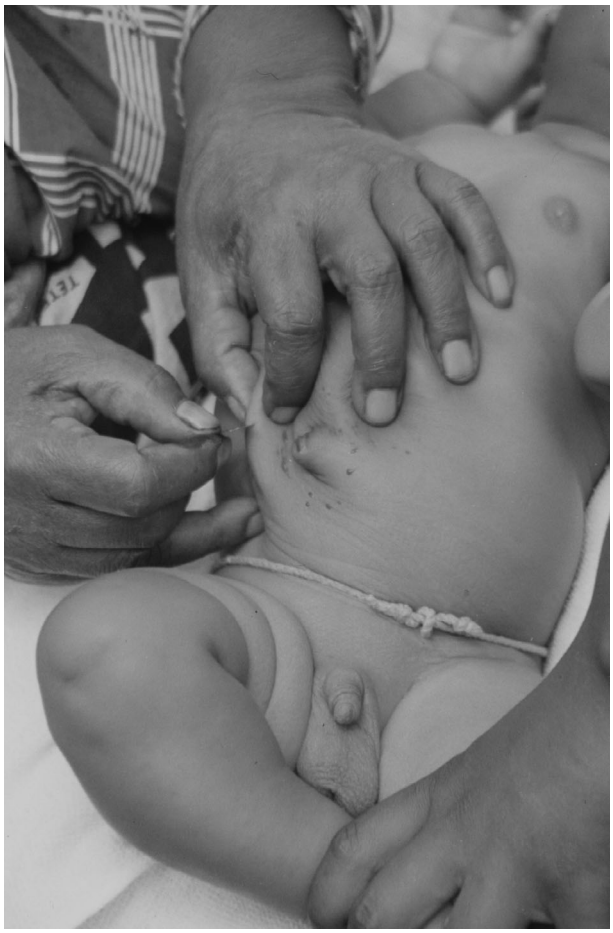

Fig. 1: A *sangoma* performs *kugata* around a baby's navel to treat *mankabheni*, a typical children's disease with diarrhea.

Kuhlanta is a very popular and useful treatment. First the patient has to drink large quantities of medicine dissolved in water – afterwards follows intentional vomiting. *Kuhlanta* is very important for the individual well being and is used in ritual treatments and ritual cleansing for luck. During *kutfwasa* it is the daily routine of the *ematwasa*. It serves the physical, mental and spiritual cleansing and purification.

Kufutsa indicates the traditional steam bath. At the entrance of Make LaH.'s homestead there is a big fireplace, right beside a shielded place with a basin in the earth. Big pots with water and medicine are heated on the fire, stones are heated in the fire. The hot water is poured into the basin; the patient or *litfwasa* sits under a

cover and sweats. Now and then some more hot stones are put in the basin. The medicine is absorbed by the pores. Besides curing various body pains and skin rashes *kufutsa* serves the physical and spiritual cleansing, the communication with the ancestors, a *litfwasa* experiences visions and gets messages.

Kugeza is washing or bathing with medicated water. Together with *kufutsa* and/or *kuhlanta* it is a popular remedy for cleansing against misfortune.

Kucatseka is an enema consisting of herbal water. This treatment is often used when babies have diarrhea or general indigestion, it should clean the stomach and encourage the appetite (Makhubu 1978:48). While *kuhlanta* cleans the upper part of the body, *kucatseka* cleans from the bottom. It is one of the most common treatments.

Kucapha (or *kucinsa*) is a possibility to take medicine orally. The medicine is burnt into a black powder on a hot metal plate or traditionally on a *ludzengelo* (claypot), then water or a herbal decoction is poured over it. With the fingertips of the hands the hot fluid is taken and licked off the fingers. After a few attempts the content is spit out of the mouth. The patient walks around the paraffin stove, eventually steps over it, one has to keep moving, is not allowed to sit down and he continues taking the medicine (Gogo N.). *Kucapha* serves the general well being, is used against bad dreams and black magic threats sent by enemies. To spit out the medicine the patient goes out and sends the evil back from where it came – "Go away enemies". Then one can strengthen oneself with the medicine (Make LaH.).

Kubhunyisela/ bhunyisa – to inhale the medicine – signifies that the medicine is poured over glowing ashes in a *ludzengelo* and the smoke is inhaled. Babies are held over the smoke, adults sit under a blanket and inhale the smoke. Especially with this method *tinyamatane* is used – medicine with animal contents like hair, skin, horn and bones. *Kubhunyisela* helps against *tilwane* (*wild animals*), an illness caused by witchcraft. The resistance of newborn children against disease, evil spirits and elements of nature are strengthened. In the end the burnt medicine is ground and taken orally.

Kumunya means cupping. The skin is cut where the body is paining and a cupping glass (glass, horn) is placed over it to suck out illness causing substances. Especially *sidliso* (it means literally "poison", "poisonous fragments of bewitched food, that have magically appeared in the chest of the patient, a man or woman who finds himself or herself a victim of witchcraft" (Hall 1998:143) – according to Makhubu "a foreign body usually in the chest region causing illness" (1978:85) needs *kumunya* as a treatment. Traditionally there are specialized *tangoma*, who make cuts into the chest of the patient and with their mouth suck out blood and fragments of poisoned food.

Kukamela is the dropping of herbal decoction into the nose. Medicinal plants are ground and soaked in water, then put into the nose. The nosedrops are painful, but after some time "dirt" comes out of the nose.

Umbhemiso – finely powdered medicine is sniffed to encourage sneezing. The sneezing with *umtsebulo* (loss of soul) shows the return of the own soul – "now you're back" and "to improve head circulation" (Makhubu 1978:62).

Imbita is a herbal decoction. The *tangoma* in the south of Swaziland believe that it is the most powerful medicine. Medicinal plants are crushed and either cooked for a long time or only soaked in water. The herbal extract is swallowed in small sips.

Kukhotsa means that dried herbs are ground and licked with the tongue from the palm of the hand. Before going into the mountains to collect herbs and roots, prevention measures are taken against snakebite. Gogo N. always puts *insiti* into her pocket, Make LaH. put *insiti* – called *sibiba* – on the palm of her hand for *kukhotsa*. The medicine should keep the snakes away – "to let them hide". For the ritual strengthening of the *litfwasa* there is medicine for *kukhotsa*, also used against headache, sleeplessness, backache or coughs.

Sichelo is the ritual cleansing of a homestead and its inhabitants of evil spirits, *tikoloshe* or evil magical threats that can be caused by an *umtsakatsi* (*witch, sorcerer*) bringing misfortune and illness. Medicine is dissolved in water and the houses are washed with it, the walls

inside and outside, the doors and the floors are sprayed with it. *Kubhunyisela* is kept in the house – "to chase the devils away". Also the inhabitants must purify themselves, according to the *sangoma* different treatments are given preference: *kuhlanta*, *kugeza*, *kufutsa* or *kucapha* or *umbhemiso*.

After the ritual cleansing of the homestead, *kubethsela*, the fortifying of the homestead has to be performed. The mixture of medicine for *kubethsela* is called *tikhonwane*. According to Make LaH. there are 2 kinds of *kubethsela*: on the one hand the homestead is strengthened against *tikoloshe*, *tilwane* and black magic, on the other hand against *litulu* (weather, elements, rain, lightning). The medicines that are used differ as well as the ritual sequence of the treatment.

Kutfwasa

Kutfwasa, the ritual training to become a recognized healer starts with the acceptance and admission by the guide. A *sangoma* training apprentices is called a *gobela* or *kutfwasisa*. The first step is the drum ritual. The drums are beaten and the ancestor who called the *litfwasa* to become a healer must show himself. The *litfwasa* must allow her ancestor to speak out of herself publicly. It is not sufficient that the *emadloti* speak in dreams and visions to the *litfwasa* – the messages and demands must be accessible to everyone. Spirit possession must take place in an official, ritualized surrounding in order to document that this person will become a *sangoma*, a healer.

Equipment of a *litfwasa*

At the beginning of *kutfwasa* the *litfwasa* uses a red cloth around the hips that is worn over her own skirt. Traditionally the *litfwasa* always has to go barefoot and bare-breasted. Although today it is allowed to wear a bra. On their wrists and ankles they wear the strings of beads in colors that the spirits demanded. On the upper body they have a red and white string of beads which is crossed. They should wear it on the naked skin and it should be the only piece of clothing.

Until the first big ritual *kuncwamba*, the *litfwasa* is taught in visions and dreams. She dreams the ritual procedure and the content of the ceremony, she recognizes the animals that have to be sacrificed. The ancestors show her how to throw the bones and she sees the single pieces of the boneset and their meaning in dreams. During this time the *gobela* sews and embroids the clothing according to the instructions of the *emadloti*. She also prepares the bead strings and makes the necklaces. The *litfwasa* only has to buy the material. After a while the *litfwasa* gets 2 circular bead pendants, a white and a red one, woven into her hair. They should help the *litfwasa* with her clairvoyance – they are "channel through which the ancestors enter a person's head to guide him or her" (Kasenene 1993: 45). Make LaH. decides according to the dreams of a *litfwasa*, when the time has arrived to wear it in the hair. Only after the first ritual of *kuncwamba* the *litfwasa* is allowed to wear the official *sangoma* dress. From that time onwards her hair is worn in the traditional *sangoma way*. Individual strands of hair are twisted with clay to form dreadlocks called *kuphoza*. When the clay is dry it is shaken out, but the dreadlocks stay and give the *sangoma* a wild look.

Daily Routine

Early in the morning before sunrise the *litfwasa* has to perform *kuhlanta* at the river. With the rest of the medicine the *litfwasa* washes herself and has a bath in the cold river. During the day whenever she feels like it she stirs her medicine – a special mixture of powdered roots and barks soaked in water - with a special twig of a healing plant. The stirring produces white foam (*ingwebu)* that is eaten. The body of the *litfwasa* must always be covered with *ingwebu*. The basic medicines are always the same, but are supported or replaced with other healing plants according to inspiration or dreams of the *gobela* or the availability of medicinal plants. At the beginning *ingwebu* should activate the *emadloti*, then they should strengthen the *litfwasa* and help to make the continual communication with the ancestors easier.

The day is spent with treatments, with the learning of the bone throwing, the collecting and processing of the herbal plants and various daily routine jobs. To the various internal and external cleansing rituals *kufutsa* is added, again the *litfwasa* receives some medicine to

help her strengthen the contact with the ancestors. While she sits under the blankets and sweats she can quietly talk to the ancestors, make requests, tell them experiences and ask for advice, protection and guidance. A *litfwasa* can have visions and receive messages from her ancestors or foresee certain events.

The main job – *umsebenti for emadloti* – takes place every evening while the drums are beaten with singing and dancing. On this occasion the *litfwasa* learns how to communicate with the spirits. She sits on a mat, the drums are beaten and the *litfwasa* starts shivering. She gets possessed and allows the *umdawe spirit* (a category of spirits) to speak through her. For the *umgoni spirit* (another category of spirits) she must dance and sing herself into trance until she is possessed. As soon as the *emadloti* stop demanding things, as soon as they are appeased, the valuable cooperation starts. An essential part of the evening ritual is *kufihla* – "to find hidden things". The *gobela* or visitors hide objects the *litfwasa* has to find with a ritualized question and answer pattern. It is a training to perceive the secrets or life-stories of future patients. This is only a *sangoma*'s ability. A *litfwasa* must train *kufihla* to perfection, because only the one who can find the hidden objects can divine.

To control spirit possession and develop spirit mediumship is one of the aims of *kutfwasa*. The term *umoya*, meaning wind, air or breath, expresses symbolically the spirits or ancestral shades. Like in various songs the spirits are praised, activated with the drumming and singing, giving them the opportunity to possess the *litfwasa*: "*Umoya ngumoyake.*" (The spirit is the spirit.) Chorus "*Ngangenwa umoya wezwe umoya wamadlozi.*" (I've been entered by the spiritual ancestors.) "*Umoya wamadlozi.*" (Spiritual ancestors.) "*Umoya waphansi.*" (The spirit of the dead ones.) "*Umoya ngumoyalo.*" (The spirit is the spirit.) "*Ngangenwa ngumoya umoya wadlozi.*" (I've been entered by the spiritual ancestors.) This double meaning connects the spiritual appearance to the element of wind that symbolically rises and seizes the *litfwasa*. While sitting on the mat her body is smeared with the white foam of *ingwebu*, then she is hit on the whole body with the oxtail whisk producing cold air that supports the shivering, sign of the rising of the spirit. Helpers are rattling around her upper body, supporting the drums with their sounds and helping to stir the air. The dancing starts slowly, then the movements get faster and faster, till at the height of the dance the rapid jumps seem to keep the dancing *sangoma* up in the air not touching the ground anymore. At last the *litfwasa*'s bellowing sounds indicate the coming of the spirit, their grunting, spluttering and crying out keeps them breathless and heavy breathing at the same time.

The Rituals
Going to the Waterfall/*libhudlo* – or *budlwheni*

The first ritual that has to be completed is going to the waterfall. The waterfall consists of a stony platform and between big stones the water tumbles down, nevertheless one has to bend to stand under it. The ritual starts before sunrise. The mystical, black and dangerous darkness is ritually overcome, through the reddish twilight of sunrise the litfwasa moves into the daylight, whiteness and life. This is a symbol of the *litfwasa*'s development from sickness to health, from ignorance to knowing, from weakness to power. The transition from night to day and vice versa is ritually attended. The phrase "*kudede umnyama kuvele ukukhanya* – the darkness should give way to the light" – that is frequently used in the rituals expresses this symbolism. Particularly the color symbolism of black-red-white in traditional medicine has been mentioned in detail by writers on Zulu medicine (e.g. Bryant 1970, Callaway 1870, Ngubane 1977). Especially Ngubane (1977) gives an analysis of the significance of symbolic treatment as part of a general Zulu pattern of thought and cosmology. It seems to me there are great similarities to the Swazi way of thinking.

At the waterfall large amounts of *ingwebu* are drunk and vomited. The *litfwasa* kneels below the waterfall, so that the vomit can be washed away with the running water. The naked *litfwasa* must hold her head under the ice-cold water of the waterfall. The head must be held under the cold water again and again, so that the water runs down her back. Some *ematfwasa* experience visions of their ancestors or of snakes which are the symbol of the ancestors. Going to the waterfall helps to satisfy the *emadloti*, water is their element. By entering the water the *litfwasa* submits to the

ancestors, accepts their calling and in enduring the cold she connects herself to the ancestors. A *litfwasa* is always barefoot and bare-breasted and does not wear warm clothes in winter. The cold causes exceptional conditions in her body which are the basis of spirit possession and clairvoyance. The ice-cold water – taking one's breath and almost causing suffocation – opens her inner field of vision. The walk to the waterfall is the ritual that gives the *litfwasa* the clear view of things and leads an important inner step to her new identity as *sangoma*.

Kuncwamba

Kuncwamba is the first rite of passage that presents the *litfwasa* to the public and shows that this person is going to be a *sangoma*. At first the illness is diagnosed as a sign that she is chosen to become a healer. During the ritualized training the ancestors speak through her. Her health improves slowly – the *emadloti* are satisfied with her. The red cloth around the hips and the beads around her upper body, wrists and ankles make it evident to everyone that she became a *litfwasa*. *Kuncwamba* though represents an important step towards public recognition. Further the *litfwasa* shows her potential in public, her abilities to *kubhula*, her strength in singing and dancing.

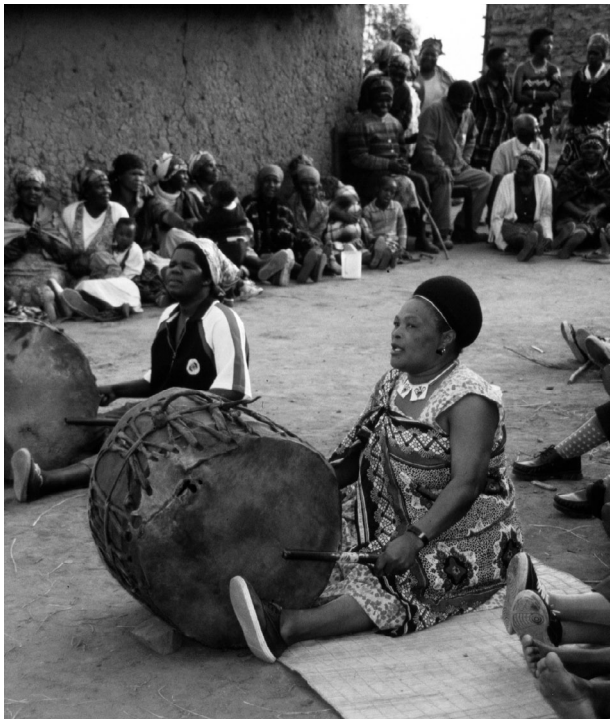

Fig. 2: The community participates in the big rituals and public performances. Each *sangoma* introduces herself with singing and dancing.

Spiritual power is acquired. Other *tangoma* are invited to support the *litfwasa*. They ask their *emadloti* to accompany her on her way. A symbolic union, a brother- and sisterhood of ancestors is achieved. Into the big family of *tangoma* a new member is admitted. The former *ematfwasa* of the *gobela* are her "brothers and sisters in *esikupheni*", who support her. The guides of the *gobela* are her guides also.

Kuncwamba is the day of making the *emadloti's* jackets out of goatskin – *umncwambo*. Two goats are sacrificed for the ancestors, the *litfwasa* has to suck their blood and the jackets are cut out of the skins. The ritual takes place in the evening and lasts the whole night. The transition from dusk to dawn is ritually accompanied. *Kagogo* – the house of the ancestors – is full with spectators. The *tangoma* start dancing one after the other in order to greet all present. Each *sangoma* introduces herself or himself. The atmosphere gets excited. Normally the goats are brought by the family of the *litfwasa* and are hidden by a family member. The *litfwasa* has to find the two goats with *kubhula*. The goats may be hidden in the same place or in different places. After the question-answer-ritual she has to lead the other *tangoma* and visitors to the right place without hesitating. In a triumph march all return to the homestead. The *litfwasa* has proved worthy to receive the goat jackets. The two goats are brought in *kagogo*, the drums are beaten, the singing of the *tangoma* reaches a dramatic level, here and there the spirits of other *tangoma* rise, the *litfwasa* sits on her mat with stretched out legs facing the entrance in the east. The goats' throats are cut and the *litfwasa* is ordered to suck the blood out of the wound. Usually she starts to scream and shiver, her *emadloti* are rising. At last the heavy, warm body of the dead goat is put on her back. The front legs rest on her shoulders and the head lies on her neck. The same is done with the second goat. Normally the *emadloti* speak out and thank for the sacrifice. The two goats are immediately skinned and emboweled to prepare the jackets. The gall bladders – *inyongo*, *pl. tinyongo* – of the animals have a special meaning. One drop of bile is always placed on the tongue, head, shoulders, chest and joints of arms, hands, legs

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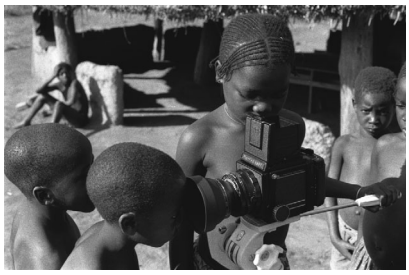

Contributions to Visual Anthropology

Spirits in Northern India

Dagmar Eigner

Bhagat is a healer who works part of his time in Hapur, his home village, and the other part of his time in the village of Mehndipur. Both villages are situated in Rajasthan. In Mehnipur there is a temple dedicated to the god Hanuman in the form of a child, Balaji. The temple is considered to be Balaji's court where harmony in families is restored. Through Balaji's power the illness causing spirits, the *bhut*, are forced to reveal their identity, origin, and deeds. If they confess and submit at the feet of Balaji, they receive grace and are transformed into *dūt*, spirits that are helpful and perform good deeds. Balaji can send the *dūt* anywhere and make them do whatever he wants.

Some of the patients only visit the temple, others also go to one of the many healers who work in the village getting their power from Balaji. A good part of the houses in the village are simple buildings where the patients and the family members who accompany them can stay. Sometimes, if a patient feels he wants to get more treatment when his healer is about to leave Mehndipur, he will follow him right away.

The healing session that is going to be described took place in Bhagat's home village in January 1997. As usually Bhagat worked together with his medium Meena who becomes possessed by several different spirits according to the needs of the specific case. At the sessions Bhagat stands either beside or behind the people who have gathered and sing songs while they wave or twirl their bodies in slow rhythmic movements. The people sit facing the altar of Balaji, and Meena sits on the side waiting for her duties in the ritual. Bhagat appears to be the director of the sessions, not becoming possessed himself, asking the questions to the illness-causing spirits. If a patient is unable to let the spirit speak through his own mouth, Bhagat's medium takes over and lets the *bhut* speak through herself. The questions that are almost always asked are: "Why did you come? Where did you come from? Who sent you? What do you want?"

These questions reflect the social problems that are connected with the troubles of many patients. People who do not wish them well use ritual specialists, *tantrics*, to send harmful agents to them. The motives to ask a *tantric* to send an evil spirit to the victim usually are envy and jealousy. There are more or less elaborations of the cases that are discussed. Bhagat does not give much attention to the elaborations. The main task seems to be to make the illness-causing spirits, the *bhut*, confess and then to transform them into good spirits, the *dūt*. Also *pitr*, ancestor spirits, help to remove the *bhut* and to transform them. According to the people's opinion one can easily tell, if it is a *pitr*, because he prays. A *pitr* always wins in the end, because a *bhut* is an outsider and finally has to stop troubling the patient and accept that he will be transformed.

A man with a beard and a blue sweater who sits in the first row of Bhagat's altar room in his home village shows a behavior that is interpreted by the healer and other people present as sprit possession. His groaning and sighing was accompanied by circling movements or by pushing his body up and then letting it down to the ground again. The intensity of his movements grew until he was writhing on the floor and showed wild convulsions. Hemendra, the patient, suffered from stomach problems for a long time. He had been to medical doctors, but the medicines he had got from there did not give any relief to him. Two years ago he started to have trance-like attacks at home, sometimes several times a day and sometimes also during the night. During these attacks his hands, his head, and at times his whole body was shaking. He had visited Bhagat a number of times in Mehndipur and also in his home village Hapur. Some of his relatives had also visited Bhagat several times. Bhagat says that they are all quite educated and believe in science. But due to their problems they had to see that science cannot help in all cases.

The following pictures show Bhagat and the patient's interactions with Meena.

Fig. 1: The healer Bhagat in front of his altar in his home village.

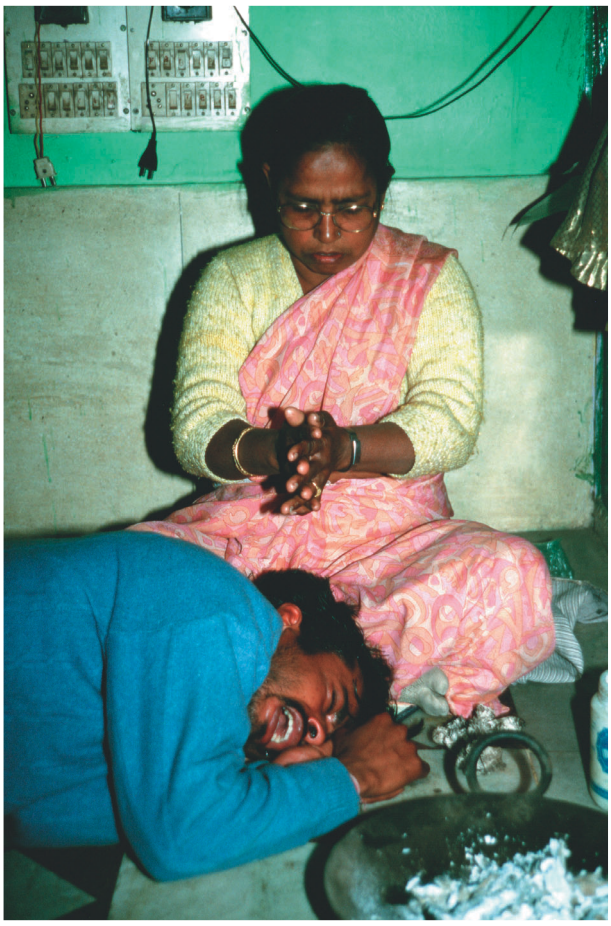

Fig. 2: Meena hits the patient. The interpretation of Bhagat and his medium is that Meena's helping spirit, the *dūt*, hits the illness-causing spirit, the *bhut*.

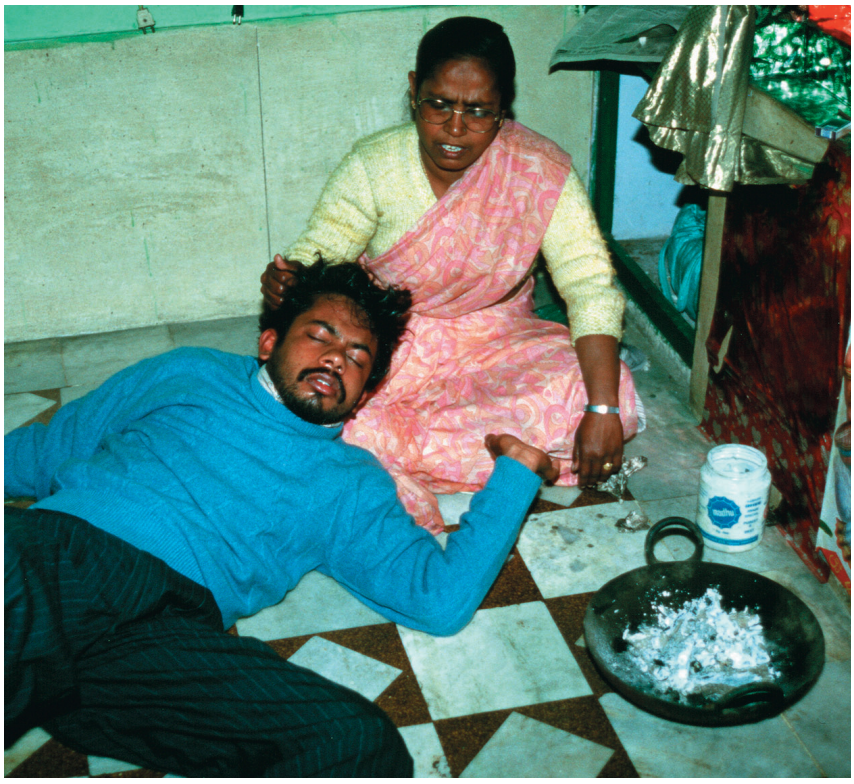

Fig. 3: The patient is writhing on the floor in front of Bhagat's altar.

Fig. 4: The patient is bowing down before the altar.

Fig. 5: The patient takes on a praying position. People say that not the *bhut* but the *pitr*, the ancestor spirits, pray.

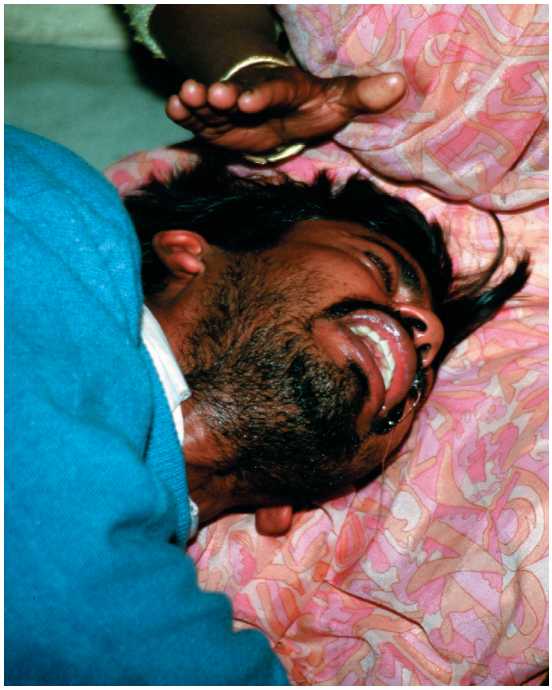

Fig. 6: Meena and the patient.

Fig. 7: Bhagat gives prescriptions in the back of his altar room.

The Becoming of a Sangoma.
"*Kudede umnyama kuvele ukukhanya*" –
The Darkness Should Give Way to the Light
continued from page 18

and feet of the *litfwasa*. The *tinyongo* are washed, blown up, dried and tied into the *litfwasa's* hair as a visible sign that this person belongs to the ancestors.

Whereas blood as food of the ancestors connect the *litfwasa* to them strongly, blood serves as a symbol of transformation helping to transform the *litfwasa's* former personality into that of a healer, – the bile represents the enormous increase of power in the big rituals, the strengthening against black magical threats and the power to protect herself and others from these dangers. The goatskins are cut into square pieces with three lengthy cuts to form thin stripes. Four jackets are made and they are always worn two by two. The *litfwasa* puts her head through the middle opening and her arms through the other two. She wears the two on top of each other. At the beginning the skin is still covered with meat and fat, it is wet, slippery and cold. But the *litfwasa* is ordered to wear it immediately, because it is the clothes of *emadloti*. The skin dries on the *litfwasa*. In the course of time it is cleaned roughly and most of the meat and fat are removed. It is treated with ash and rubbed with sand and rough stones. But nevertheless the skin rots on the *litfwasa* and starts stinking.

When we assume that at *kuncwamba* the *litfwasa* dies a symbolic death simultanously with the sacrificed animals, she symbolically sacrifices herself with the dying goats for the sake of her ancestors. She follows their calling and offers herself to the community. The person she was before *kutfwasa* has to die. This ritual overcomes death, because a *sangoma* must not perceive fear. Make LaH. emphasizes that a healer has no fear, she must face the illness and death of her patients, she has to be stronger than her patients and their relatives, she goes ahead. The blood symbolizes the bridge to the *sangoma* the *litfwasa* now starts to become. The decaying jackets remind the *litfwasa* for weeks of the transitoriness of life, of overcoming death and pain. She submits herself to her ancestors and obeys them like she is obeying her *gobela* in everything. She dies, decays, the original person dissolved to be reborn as a healer. The decaying jackets refer to the last bit of her will and self-centeredness that must die. She sacrifices herself to the community, to whom she makes her healing power available and whose acceptance she acquires in the big rituals. The *litfwasa* stands in the center of her community's attention who is exercising power and control over her. She is a public person who is treated with respect and honor, but also is met fear and ambivalence. Finally the community accepts the healer and makes sure that all the rules are kept.

Kuphotfulwa

The graduation ceremony is the sign that the *litfwasa* is a real *sangoma* now. She can return home and start to work on her own. She has acquired enough knowledge of medicinal plants to heal and is steadily communicating with her ancestors. She can contact them any time and divine for the patients. She is a vessel of their messages.

The graduation takes place in the parental or matrimonial homestead and lasts the whole weekend. The *litfwasa*, accompanied by her *gobela* and other *tangoma*, leads the graduation; she dances and sings freely to show everybody what progress she has made since *kuncwamba*. The *gobela* is proud of her. A number of animals are sacrificed, their blood is drunk and their gallbladders serve the spiritual empowerment of the *litfwasa*. All animals are found with *kubhula*. The highlight of the ritual is the sacrificing of an ox. The *litfwasa* has to throw a spear at him causing a deadly wound. While the ox dies slowly and blood drips out of the wound behind the right front leg, where the heart is situated, the *litfwasa* bends down and sucks the blood. Then the gall bladder is cut open at both ends so that it forms a pipe that is pulled over the right wrist. A piece of the ox's fat is wrapped into it. The fat is placed between the meat and skin bag that keeps the intestines and the stomach together. It is used in luck treatments. *Inyongo* has to remain on the wrist until it is dry and has shrunk. Then the bracelet is cut off, the former *litfwasa* returns to the *gobela* and it is burnt in a final ritual.

The next day a drum is made out of the ox skin, the ox tail is used to make *lishoba* – a

magical whisk that supports the *sangoma* in all her tasks. The *litfwasa* receives her graduation necklace made out of strings of beads with a crochet, embroided ball filled with medicine. The new *indumba*, the *sangoma*'s spirit house is ritually inaugurated and strengthened.

Important Aspects

The ancestors speak out and decide when the *litfwasa* is ready for graduation. *Kutfwasa* can take half a year, even one or two years – the *litfwasa* has to obey and stick to the rules. The graduation also depends on the financial potential of her parents or husband. The *gobela* has to be paid and even the rituals cost a lot of money. If there is no money, the *litfwasa* has to stay at the *gobela*'s homestead and work for her till the debts are paid – "*lidloti liyatibhadalela*" – "the *lidloti* pays himself".

At last the *gobela* together with the parents determines the proper time for the rituals. Above all her fame as guide depends on the *litfwasa*'s success. Even after *kutfwasa* the former *ematfwasa* spend a lot of time at their *gobela's* place. They contact her for help and advice besides working as an independent *sangoma*. It is a lifelong relationship, even after years the former *litfwasa* returns to perform important rituals and to gain support.

Rules and Taboos During the Training

The training is strongly reglemented and ritualized. The rules have to be kept by the *litfwasa* – "A person is guiding himself here. He is not guided by the *gobela*. If you guide yourself well, at the end there will be a success."

A *litfwasa* sits on the mat that is dedicated to her *emadloti*. In that way she keeps her distance to other people, she walks alone on her *emadloti's* path. The *gobela* structures the training and sets the frame within which the *litfwasa's* personal way of knowing evolves. A *litfwasa* gets her own food, she does not share with others. She does not drink out of the same glass with others and does not eat out of the same plate with others. She has to protect herself from impurities, has to be clean, internally and externally. This is achieved with the manifold medicines that are mainly taken for *kuhlanta*, *kugeza* and *kufutsa*. She is protected from other people, especially from possible black magical threats resulting from close contact. That is why the *litfwasa* gets no permission to leave the homestead of the *gobela* during *kutfwasa*. There is a good reason why she has to remain protected. With the process of *kutfwasa* she finds herself in a spiritual vulnerable condition. The close contact with foreigners is strenuous, as one experiences sensory perception in a very intense way but is still not strong enough to protect oneself.

The *litfwasa* is strictly separated from her family, whom she usually leaves for the first time in her life. She is not allowed to have any contact or very limited contact with her relatives and husband, she remains secluded from the outside world. Any sexual contacts are strictly prohibited. The ancestors do not want her heart and, thought to be turned away from the training, she should concentrate and use all her strength to answer to the requirements.

The *litfwasa* is obliged to obey. She must follow the orders of the *gobela* and do all the jobs that are demanded from her. She must treat her *gobela* and the other *tangoma* with the greatest respect. She kneels in front of the *gobela* and bends her head while receiving orders or clapps her hands while asking permission. If another s*angoma* is greeted, she even kneels down on the street and submits to the strong hierarchy. Right from the beginning the *litfwasa* starts to prophesy and performs divination. She is the first one to try her luck on arriving patients, only later the *gobela* completes the picture.

On the one side the *litfwasa* is separated from her family of origin, on the other side she is bound in a network of *tangoma*. Social contacts to other *tangoma*, to former *ematfwasa*, to brothers and sisters of the same school and to the former *gobela* connect the *sangoma* throughout their lives. They help each other during rituals and they are close to each other. A *sangoma* leaves the domestic domain and connects herself to the outside world. Especially the Swazi *tangoma* living at the South African border frequently spend some time in South Africa treating patients with medicines.

The Relationship Between *gobela* and *litfwasa*

The *gobela* gains a lot in working with her trainees. She can experience and witness how they grow spiritually. At the beginning a *litfwasa* is *Makhosi mcane* – the young *Makhosi* (a title of respect for *tangoma*) – spiritually still a child. The more a *litfwasa* learns, the more she grows – "I must come and see our child that's growing up in your homestead" was a *sangoma's* comment to me. Finally the graduation is the sign that the *litfwasa* is a real *sangoma* – "she is really grown up now". But it also means that in the beginning the *litfwasa* is treated like a child. Every independent move or decision is prevented. She has to ask permission for everything and the decision of the *gobela* is not explained but has to be accepted. Besides the *litfwasa* does many jobs in the *gobela's homestead*, she works hard. The relationship between the *gobela* and the *litfwasa* is very close. The *litfwasa* stays at the side of the *gobela*, because she has to learn everything from her.

Up to *kuncwamba* the personality is deconstructed. The *litfwasa* is suddenly confronted with new tasks. Like a newborn baby she has to learn everything from the beginning and is inexperienced in the matters of emadloti. The *gobela*'s attitude towards weakness is severe: "Be tough. Don't be a disgrace to your ancestors." On the basis of manifold humiliations, hard work, internal and external purification processes and the psychological burdens like being separated from the family, entering dangerous liminal spaces together with the complete submission of her own personality in having no personal belongings anymore, no will of her own – she collapses. Her collapse, her dying is dramatized in the ritual of *kuncwamba*. She succeeds in gaining power, respect, knowledge and spiritual transformation. From the time of *kuncwamba* onwards her personality is reconstructed as a healer, because she is going to attract patients and perform healing with the strength of her powerful personality, leading the way out of the patients' problems. The feeling of having learnt something replaces the feeling of being a spiritual nobody. So on the one hand the healer's power results from the power of the rituals and the dramatic construction of *kutfwasa* causing a complete de– and reconstruction of the *litfwasa's* personality but on the other hand it results from the indigenous conception of *emadloti*. It must not be forgotten that spirit mediumship is a spiritual concept for the Swazi with the healer carrying out a special social role but first of all serving spiritual needs. With the help of the ancestors they are guided to express their individuality and to expose themselves for their benefit and the benefit of others. Make LaH. always emphasized that a *litfwasa* does not learn for her guide but for her *emadloti*, the *litfwasa* does not only live for her family but for her ancestors. And to fulfill the demands of her ancestors mean to sacrifice her own desires in favor of the patients and the communities. Make LaH. is the best example for that. When patients arrive she leaves whatever she is doing and responds to their requests. Many times she does not eat the whole day, because there is no time. She is a hard working woman. At night when everybody is asleep, she sits at the fire and grinds medicine for the next day. She is the last to go to bed and the first to rise in the morning. In her *gobela* the trainees have a strong example, a feeling of shelter and security.

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"The heart is the home and the brain is the working office of the soul" Report on Tibetan Medicine

Katharina Sabernig

Introduction

In recent years Tibetan medicine became more and more popular in the west and quite some literature appeared. As Tibet is often seen as a land of mystery, it is easy to idolize and commercialize this very complex medical system which has grown over a long period of time. Besides my deep love for the Tibetan culture, people and landscape, my main interest is to find out how classical Tibetan medicine is applied in modern times. The following report will also deal with the healers' attitude and the patients' motivation to look for a doctor. Having a medical background my personal interest is to find out how and under which conditions the knowledge of Tibetan medicine can open up new horizons, how to deal with suffering and disease in western society.

In the years between 1995 and 2000 I stayed altogether about 10 months in areas culturally related to Tibet, mainly Amdo. This is the north-eastern part of the Tibetan plateau. I visited different hospitals of Gelugpa monasteries or Tibetan hospitals run by the local government. Besides documenting the problems of about 350 patients and finding out some background information on Tibetan pharmacology, I tried to look carefully to the nonverbal interaction between the doctor and the patient. It is more the atmosphere itself, which I want to convey, rather than to bring out results of an ethnomedical study.

History and Ideas of Tibetan Medicine

It is important to know that the Tibetan medicine is not a linear grown system but a mixture

of different cultural and medical ways of philosophy and science – including the very specific way of the Tibetan art of being conscious. The long history of Tibetan medicine is based upon the Bön tradition. In the seventh century King Songtsen Gampo invited medical specialists from India, Persia and China. Fernand Meyer even writes of a physician called Galenos, who was invited to teach the Byzantine art of healing. Galenos for sure is not seen as the historical Galenos from Pergamon, but as a representative of this medical school (Meyer 1997:110).

The classical work on Tibetan medicine is the text of the Four Tantras whose historical origin is well discussed but definitely has its roots in the first millennium. In the seventeenth century his Holiness the fifth Dalai Lama and later his regent Sangye Gyamtso tried to enhance the quality of teaching medicine. This resulted in editing a publication in form of thangkas illustrating the Four Tantras and its commentary, the Blue Beryl (Meyer 1998:29). In the 20th century Tibetan medicine broke down for several reasons until a revitalization movement in the 80ties started, supported by international charitable organizations like Rokpa (Tsenam 1997:153) or the Red Cross. In June 2000 also an international academic conference on Tibetan medicine was held in Lhasa.

However, Tibetan medicine is a composition of different medical systems, having a different historical and cultural background:

1) The system of the five elements describes different kinds of natural powers inside the human body but also in nature. Most of the pharmaceutical preparations are based on the relation of a single substance to an element (Meyer 1997:135). The combination of these elements and the flavor will have an affect on the body humors as well as the body humors are manifestations of the balance of the elements (Tsenam 1997:147). Both systems, the Indian and the Chinese, are used although there is little difference in the way of using them.

2) The System of the three body humors *rlung*, *mkhris-pa* and *bad-can*, in western literature traditionally translated with wind, bile and phlegm, describes the heart of Tibetan physiology and pathology. The relation with the Ayurvedic system is obvious, but also the three negative emotions in Buddhism named desire, hate and ignorance have a relation to the body humors.

3) Practically, the theory of heat and cold is well applied. Heat is associated with bile (*mkhris-pa*) and the energy of the sun, cold relates to phlegm (*bad-can*) and the moon. Wind is seen as neutral with a tendency to cold (Meyer 1998:67). Additionally some Tibetan doctors describe a hot disease having an excess of any body humor, and a problem of cold nature with a lack of either one of those. It is, however, important to have a look at the context in which the disease is embedded.

4) Finally Tibetan physiology, pathology and pharmacology is full of pictures which show a correlation to nature or culture. This knowledge does not fit into the systems above but is well integrated in the medical practice. On this place it should be said that traditionally there is a division into a doctor's education of classical medicine and the medicine "which is linked to the sky". This profession includes astrology or metaphysical phenomena. A good physician knows about both, but decides first, which way he wants to go. A physician can send a person to an astrologer and vice versa. This report only deals with classical medicine although the connection sometimes is quite close.

The Physician

Traditionally there exists a division into three different types of a classical physician: "…into topmost, special and ordinary. The topmost (*mempa iha-na-mehpa*) are like the Healing Buddha, possessing omniscient knowledge. The special (*mempa khepar*) possess intuitive knowledge and they are able to generate a strong compassion to help the suffering patient (Bradley 1998:154).

Nowadays everyone who wants to become a Tibetan doctor can get an education, if his personal situation allows him to do so. In fact everyone who wants to practice this traditional way of healing has to go to a governmental school for at least three years to get a diploma. Besides this, there exists the traditional medical education in the monastery. (Therefore monks

and nuns get the governmental and the monastic education). Some monks decide themselves to study medicine, others will be seen as a talent by some well-educated monks and will be asked to study medicine. There are also incarnations, often wrongly called Living Buddha. Already Alexandra David-Neel tried to correct this expression. To her, the expression Living Buddha has nothing to do with the historic Buddha himself. Incarnations, called Tulkus, are a sort of aristocrats of the monastic system which was founded in the year 1650 by a Mongolian grand duke. The belief of the people in the nature of a Tulku is seen as an emanation of an old, already dead master or a holy person but also as a god or a demon. A medical Tulku is usually the impersonation of an old master (David-Neel 1931:113). Until now the expression Living Buddha is widely used, maybe because of a mistake of translation. For sure, Tulkus receive a lot of respect and admiration not only from the local people.

Tulkus are found at a very young age. Often there are special signs during birth or the mother has apparent dreams during pregnancy. But it needn't to be like this. Kennet Holmes writes about a physician who was seen as an emanation of an old master, because he impressed with his knowledge as a young student (Holmes 1997:145). The life histories are similar for many still living medical Tulkus: After having had serious problems because of

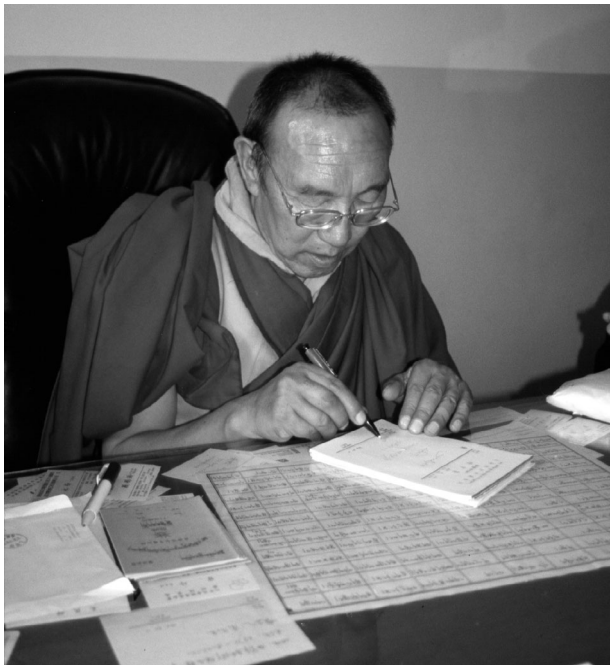

Fig. 1: A medical Tulku prescribes some remedies

well-known reasons, they were rehabilitated in the 1980ies when slowly a revitalization of Tibetan medicine started.

I had the opportunity to follow a Tulku for several weeks in the last two years. This time did not only open up a more realistic view on how this medical system is practiced, but even more so showed the attitude how to look at the patients' problems. Although old, he still receives as many patients as possible. Sometimes the room in the monastic hospital was crowded, especially if the patients were accompanied by their relatives. With deep watchfulness he listened to the problems of the suffering, taking their pulse and trying to understand the person with his heart. This was not a process of mystery, no, I saw a person with great awareness, giving his best to find the right words and right medicine for a patient having a problem. This compassion is part of the Buddhist ethics for a physician, but for me as a non-Buddhist person, it has not anything to do with religious confession. I saw a behavior which I would like to see with any person working in any medical health system, at any place in the world. This behavior has nothing to do with time or a special atmosphere. The crowded hospital room had a nice but not a special ambience. The Tulku didn't have much time for a patient, but the time he gave to an individual, maybe five or ten minutes, he was totally committed; he was "there" with his full attention. Sometimes he behaved more like a monastic authority, giving a blessing, other times he played the role of a medical professional, depending on the situation. To me he behaved probably more like a nice grandfather who wants to teach his grandchild as much as possible.

The combination of his awareness with his knowledge and experience let him know about the sufferings very quickly. A woman once told me that it seems like he doesn't have to feel the pulse or ask about the condition, he already knows in advance. He asks questions although he already knows what is going on and feels the pulse just because he wants to make sure that his diagnosis is right.

Also his young students were very popular, most patients, however, preferred to get a diagnosis from the Tulku. Once he went away to

Fig. 2: Feeling the pulse is the main diagnoses and very well developed

another province for a few days to treat persons who can not come to the monastery. Since he is speaking Tibetan, Chinese, and Mongolian he treated patients from any ethnic group. When he came back many patients were already waiting for him. Another woman told me: "He is like a smoke sign in the village. Everybody knows where he is and when he comes."

Once he felt very sorry for me because he didn't always explain what he was doing with the patient and he told me: "I would like to tell you much more about what we are doing here, but in the presence of a patient I only say that which is also good for the patient" – meaning that this explanation was also part of the therapy. He understood very well what I was interested in, but he always was aware about what he was doing here: giving help to suffering people.

When I left, I wanted to thank him for everything they have done for me, and, pointing to my handwritten documents I told him I had learned a lot, but what I especially wanted to bring home, was something I learned with my heart. He took my hands with both of his hands, smiling, meaning thank you – then you understood.

Why to Consult a Tibetan Doctor?

There are various reasons why to go to a Tibetan hospital. You can not find a typical patient's profile apart from needing some medical help. Usually in most villages there also exists a small Western hospital, which will be visited in physical emergency cases or by people who prefer Western treatment in general. Especially in Amdo there are also traditional Chinese hospitals.

Since in Amdo live Tibetan people, Chinese, Mongolian and several kinds of Muslim minority groups a lot of different people come for treatment. Most of them come from the countryside around the monastery, but in the case of a big monastery which has a Tulku, patients come from far away to see the master, even traveling a couple of days. Maybe some people just come because of interest, but most of the patients have experience with this kind of medicine, which works well and which, an important point, they can afford. The patients only have to pay for the remedies they receive, but the diagnosis is free. Often they also hand over some presents in form of fruits, self-made bread or traditional monastic givings. Once I saw a medical monk paying the medicine for an old woman. She had no money at all but gave him, in exchange, a bottle of milk which was much cheaper than the medicine.

Some patients come with X-ray or CT pictures, some even with histologic diagnosis from a Western hospital but they can not afford a Western treatment, or at least, not for a long time. Many patients already have a history of Western or traditional Chinese treatment but didn't get cured. Then they hope that the Tibetan medicine might bring an end to their suffering. So with which problems do they consult the doctors? It is always a little bit dangerous to write about physical disorders in other cultures. Misunderstandings in translations and medical concepts often appear, apart from the problem that a concrete diagnosis in one system has nothing to do with a concrete diagnosis in another system. For example: Many women talked about a special problem: They felt nervous in their heart. First I thought it might be something like a disturbance of heart beating and I knew it also could show symptoms like restlessness or insomnia, but then I found out there needn't be any physical sensation around the heart. Most of them just worried about something but did have some individual side-symptoms. Still there was a connection to the physical heart, the diagnose was often named "wind of heart". In a few cases the problem was explained with "wind brings movement into bile which is going upwards" – two explanations for one expression. The

symptom complex of "wind of the heart" can show a lot of different manifestations – mentally as well as physically – so it is impossible to compare these systems with pathologic expressions.

The following problems don't have anything to do with a Western or a Tibetan diagnosis. They are informations given by the patients. If a patient tells the Tibetan doctor about a Western diagnosis he has already got, the physician takes this as an additional information but the treatment will still follow traditional Tibetan diagnosis. More than half of all patients did have a problem with their gastrointestinal system. This includes a stuffy feeling or pain in the upper abdomen or even cancer, problems with the "hepatopancreatic system", or any kind of indigestion. About a third of all patients were suffering of severe pain of the locomotor system or headache, but compared with other cultures there were not many problems with the lumbosacral region, or disorders of the urogenital system. Speaking with a doctor in another hospital I was told that there are quite a lot of gynecologic diseases, caused by inappropriate contraception. Besides two cases of vaginal discharge and one woman suffering of uterine cancer, I only can report about the so-called "after birth giving wind syndrome". This appears if a young mother has not enough time to nourish herself by getting good warm food, in a friendly atmosphere.

No doubt there are quite a few disorders connected with the chest as heart or lung problems. Tuberculosis is a well-known phenomenon in modern Tibetan medicine. About ten persons did have a history with lung tuberculosis but normally an acute stage of an infection will be treated with Western medicine. In this case Tibetan medicine is mainly used to recover from the disease and prevent the side effects of the Western pharmacy. Tuberculosis is mainly seen as a hot disease which gets worse in a cold damp climate (!). It is also connected with a unclean spirit. However, there will be always a treatment according to the individual condition.

A Tibetan doctor is confronted with another big group of disorders: skin diseases. Many people suffer of very different kinds of skin problems but the diagnosis and the treatment were always individual. There will be given a medicine which is taken orally; in most cases the doctor also prescribed some special incense.

There were single cases with neurologic, lymphatic or other problems. So finally I can say people contact the doctor with mostly physical problems. But as there is not a division into body and soul like in our culture, there is a lot of nonphysical advice to cure the suffering.

Tibetan Pharmacology in Modern Times

Nowadays in Tibet the main therapy is to prescribe pharmaceutical drugs. There exist about 2000 different substances. (Every natural substance can be seen as a medicine). At least half of them are already documented. The composition of remedies has a long tradition, developed over the centuries. Sometimes they contain at least five but many times over 30 or even 70 different ingredients. Western pharmacology characterized by chemical analysis is confronted with the problem to find out which individual substances have which effect. This is the difficulty in western research. To Jürgen C. Aschoff from the Department of Neurology in Ulm/Germany the two major problems with the transfer of Tibetan medicine into the Western medical system are the problems of standardization of the ingredients and the problem of bacterial contamination, which is much heavier per gram Tibetan pill than what would be allowed by strict European laws (Aschoff et al. 1999:27). There are also some substances like mercury which should not be used at all in Western pharmacy. But many of the forbidden ingredients run through a process of detoxification which plays a very important role in the Tibetan art of making-up prescriptions. In Western countries "toxic" substances are often excluded from the remedy. This is a serious changing of the character of the traditional pharmacon. The changing of the composition of the remedy has a tradition in Tibet, but the excluded substance must be substituted by another one that has a similar effect.

In fact, modern Tibetan pharmacy is confronted with the problem that many substances are not available anymore or are too expensive for nomads or farmers. So the monasteries try to find remedies having the same character but with cheaper substances. The knowledge of

substance-substitution is not new. Already in the Four Tantras one can read about high-grade *Senecio sp.* and inferior *Corydalis sp.* (*rgu*-drus). Both are good for broken blood vessels and acute pain in the small intestine (Parfionovitch/Dorje/Meyer 1996:69). Another problem is the fact that some substances are not that efficient anymore than they used to be. An example is *Terminalla chehula* Retz which used to be a very popular fruit well balanced in all eight properties and seventeen functions mentioned before. Some doctors call it the king of medicine but it changed its color and weakened its healing power.

The modern production of Tibetan pills takes place in the monastery or in factories. Big monastery hospitals usually only use their own pills, smaller ones have to buy some from the factory. Although the monasteries use mechanical equipment, they still try their best to follow the tradition. So they still produce according to lunar rules; monks and nuns should not eat garlic the day before and during sanctifying the substances. The production of a special remedy can last several days; larger pills must be dried in various stages. The pills grow and get their form in a machine which is turning slowly, the monks and nuns always watch the process, correct the size of the pills with their hands and add some other ingredients. In case of some special pills, women are not allowed to take part in the production.

Usually patients get three or four different kinds of pills, which they have to take at a certain time of the day over a period of about two weeks. Then they have to go again to the hospital to have a check if they need some more medicine or maybe a different one. Mostly they also get the advice not to eat much garlic or other spices with a strong flavor, because by eating these, the efficiency of the pharmacon might be reduced.

Most patients will be told that they should not take Tibetan and Western drugs at the same time. The reason for this advice is that there is no experience about the interaction between these pharmacons and they do not want to harm any patient. To my opinion this is a very realistic point of view. In case of a serious bacterial infection they send the patient to a Western doctor were he gets antibiotics. For cases like this sometimes a Western doctor works in a Tibetan hospital. However, there also exist some traditional remedies that have a bacteriostatic effect.

Concerning Western people taking Tibetan drugs they recommend to be very careful with the dosage because the patients are not used to the ingredients. Allergic reactions can appear, but a well-educated physician will handle this problem.

Conclusion

Finally I can say that the traditional Tibetan medicine is an important part of the local health care system. Although there exist a lot of economical and ecological problems the Tibetan physicians try their best to reduce suffering. Western physicians could learn a lot from them - about medical attitude and communication with their patients.

Although I appreciate the growing acceptance of Tibetan pharmacy by the Western medical system, its integration might be very difficult because of the above mentioned reasons. To my opinion, Western medical research will profit a lot if it tries to understand the "protoscientific" rules of this medical system. Besides coming back to the roots of our own medical and pharmaceutical knowledge this could open up a new opportunity for a cheaper and more human way of treatment.

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Shamanism at the Northwest-Coast of Canada under Special Consideration of the Haidas

Application for a scholarship at the University of Ottawa for the purpose of finishing the thesis.

Evelyn Kohout

Project Description

Problem Definition – Recent State of Research

The Haida who live in the northern part of the Northwest Coasts of Canada (exactly: on Queen Charlotte Island), form an integral component of the so-called "Northwest Coasts cultivation" with its typical (traditionally-historic) features:

1.) Strong and powerful shamanistic basis with prominent winter ceremonies and secret societies
2.) Elaborate mask-performances exist as well as widespread artistic preparation of wood (Totem Poles, "Bentwoodboxes", box drums, etc.)
3.) Social stratification and bilateral genealogy with light patrilinear bias
4.) Importance of material possession
5.) Nonhorticultural subsistence with strong support of fishing and wood economy

Historically seen the Haida suffered the same fate as most indigenous North American peoples did, that is Christianization, epidemic diseases which had been unknown in these regions prior to the first contacts with white settlers (i.e. pock epidemics, tuberculosis, measles, mumps, etc.), enormous territory- and landlosses as well as political and legistic suppression from the white government.

By banning the most important Indian ceremonies (for instance Potlatch, Spirit-Dance and Spirit-Canoe) the white system tried finally to assimilate the indigenous intellectual and spiritual culture. Furthermore the Canadian Government simultaneously tried to undermine the shamanistic basis of the Haida cosmology by mere defamation and unscrupulous persecution. But nevertheless the shamanistic traditions were passed secretly by word of mouth from one generation to another. 1968 finally brought relief of these oppressions in form of the newly launched "Indian Civil Rights Act" which turned out to be the beginning of the recent shamanic revitalization.

Project Goals and Aims

1. I plan to examine the current cooperation between traditional shamanic therapy and western medical treatment, i.e. to take a closer look at the two different curing procedures with regard to their cultural background and the integration of traditional Indian medicine into the present-day Canadian public health services.

2. Based on the ecologic-cultural comparability between Canada and Austria (and considering the increasing size of different ethnic groups in Austria) relevant results – also for the Austrian public health services – can be expected.

3. Both faculties, that is the Viennese Faculty of Human and Social Sciences/ Institute for Ethnology, Cultural- and Social Anthropology and the Faculty of Medicine/Institute of Medical History/Dept. of Ethnomedicine, Vienna, mainly focus on research concerning the

African and Oceanic continent whereas the Canada-specific studies unfortunately find themselves almost omitted (this holds true for the academic curriculum as well as for the research activities). In order to place my thesis on a broader scientific basis, it is therefore necessary for me to gain access to specific lectures and special libraries that specialiszed on indigenous Northwest-coast shamanic therapies and healing practices. In this sense Ottawa offers currently the most extensive and challenging academic resources.

4. In summer 1995 I went to British Columbia, Washington and Oregon to visit the Makah – (located on the Olympic Peninsula), as well as the Namgis Reservation (in Alert Bay). Spending six weeks at Canada's Pacific Northwest Coast I found sufficient time to make sure that there's indeed an abundance of ethnological institutions and facilities on the spot, that is for instance the University of B.C./Vancouver, the Museum of Anthropology/Vancouver, the Museum of B.C./Victoria, the Seattle Art Museum etc. According to the excellent cultural and ethnological infrastructure in Vancouver, Victoria and Seattle I expect from Ottawa an even higher standard, which I could utilize profitably for my thesis.

Details about the Research Site

The urbane area of Ottawa with its typical infrastructure will function as my primary and most important research site; the following scientific facilities are available:

1. The University of Ottawa (especially the Faculty of Health Sciences and the Faculty of Arts [i.e. the Department of Religious Studies, the Dept. of History and the Dept. of Anthropology]) with a number of specialized lectures and courses which would be most useful for my thesis

2. The Canadian Museum of Civilization (the country's largest anthropologic-ethnological collection of Canada's indigenous peoples, from prehistorical times to the present day) with its "Grand Hall" (dedicated to the Pacific Northwest Coast), "Canada Hall" (historical survey of the peopling of Canada) and the "First People's Hall"

3. The National Library of Canada which exclusively offers a wide range of rare literature on shamanism, Haida and ethnomedicine (see on reverse a little extract of the available scientific contributions).

4. The National Archives of Canada (with its unique documentation of Canadian-Indian genealogies), the Nepean Public Library, and the Ottawa Public Library

5. If necessary the "School of Canadian Studies", the "Department of Anthropology/ Sociology" and the "University Library" at the Carlton University.

Summary

Since there is a shortage of scientific literature concerning Haida shamanistic therapies and treatment in Europe (especially in Austria) it seems indeed necessary to carry out intensive library- and archive research during a projected 5-month's stay at the University of Ottawa for the purpose of finishing my thesis by using the excellent scientific infrastructure as well as collecting field data for the empirical part of my work. Considering the recently installed cooperation between the traditional indigenous medicine and the Canadian national health care one can also expect relevant results for the Austrian health services due to the comparability of Canada and Austria.

Selected Literature

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Traditional Medicine in Belize

Gabriele Haslinger, Ines Prunner

Summary

This fieldwork tries to research the ethnomedical healing-traditions in Belize on a scientific basis in order to document endangered knowledge, which is barely explored. The acceptance and understanding of healing traditions, closely connected to religious and socio-cultural conceptions, is supposed to be improved in Belize as well as in the western world.

Introduction

The population of Belize is composed of different ethnic groups. The majority is represented by the European/African Creoles, beside smaller groups as the Garifuna, the Maya-originated indios, German-speaking Mennonites and Anglicans. This heterogeneity is reflected in the traditional healing practices of the country. Despite of Christian influence and British colonialism the religious conceptions were substantially preserved. The traditional healing-systems, which are causally connected to religious and socio-cultural conceptions, are still playing a leading role. This does not mean that the healing of sickness is in the foreground, but also the concepts of sickness and the regulation and reconstruction of eventually disturbed social relations are considered equally important and represent an essential part of health as defined by the WHO.

Research of literature regarding this subject at the Institute of Cultural and Social Anthropology, the Museum of Anthropology, the National Library and the University Library, as well as at the Department of Ethnomedicine and an extended search in the internet showed, that the traditional medicine of Belize is barely explored.

Within this planned fieldstudy, the Belizian healing traditions shall be examined in order to fill this ethnomedical gap as well as to preserve this knowledge endangered by the increasing influence of the western culture. Also the understanding of indigenous healing and its acceptance in Belize and in our society shall be enlarged.

Priorities of Research

1. Recording of biographical data of chosen traditional healers in form of "life-stories" especially with regard to acquisition of the healing knowledge, the legitimization through the local population and institutions, the practical-therapeutical utilization of their knowledge with a special view on massage-techniques. The analysis of the origin and the social status of patients of healers with different specific traditions and the modality of the transmission of their knowledge. Especially the religious and socio-cultural background shall be included in the study.
2. A documentation of indigenous definitions and conceptions of sickness and health. The concepts of illness, respectively their causes and their therapeutical solutions, are often culture-bound. They usually differ from our western views, and it is necessary to "translate" them for a mutual understanding. This analysis can not be complete in all details, but it's supposed to show the essential concepts.

Methods

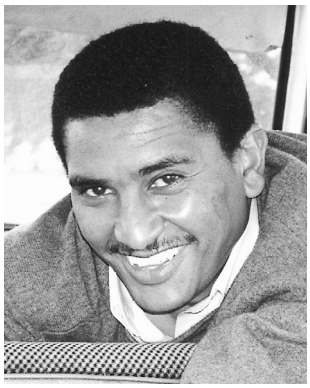
For the closer botanical determination of the used plants a herbarium will be installed. It is planned to execute the evaluation and definition in cooperation with the botanical department of the Museum for Natural History in Vienna and the Austrian Ethnomedical Society.
Stays for several weeks with selected healers are planned. In accordance with a questionnaire, supplied by the Department of Ethnomicine at the Institute for the History of Medicine, and also in open interviews, biographies of each healer will be worked out in form of "life-stories". At the same time, the closer social environment shall be included in the study, for getting a balanced image of the concepts of sickness of the resident population. Direct observations, descriptions, and if possible audio- and video-recordings of healing treatments will complete these records. Interviews with patients give information about the motivations and expectations that led to the consultation of the healer.

Social Forum

Good bye Hwiada and Wondwosen!

Hwiada Abu-Baker from Sudan and Wondwosen Teshome Bahire from Ethiopia completed their Ph.D.'s at our department with excellence. They were in Austria for more than three years. We wish them both a successful future!

Hwiada Abu-Baker



Wondwosen Teshome Bahire

Lectures of Our Department

Armin Prinz: Introduction Ethnomedicine (for graduate and undergraduate students)

Start: Wednesday 14 March, 5-6.30 p.m., Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

Introduction, theoretic and methodical concepts, the position of Ethnomedicine in Medical Anthropology, ecology and epidemiology, medicine and cultural change, patterns of medical thinking and doing, humoral and solidar concepts, culture-bound syndromes, surgical practices in Ethnomedicine; all topics with slides/examples from own research

Armin Prinz: Seminar Ethnomedicine

Start: Wednesday 14 March, 3.15-5.45 p.m., Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

Ruth Kutalek: Ethnopharmacology and -botany

Start: Tuesday 13 March, Di 1.15 -2.45 p.m., Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

Introduction and history of Ethnopharmacology and -botany, important plants and plant-groups (mind-altering plants, hunting poisons, …), use and categorisation in indigenous societies and in our own, field-techniques of collecting plants

Zohara Yaniv: Medicinal Plants: Science and Tradition

Start: Tuesday 13 March, 3 p.m. (s.t.), Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

This course will include the history of the use of medicinal plants since ancient times with emphasis on ancient cultures; ethnobotany; biological and chemical aspects of medicinal plants. Time will be devoted to traditional uses of perfume, spice plants and plants of the bible.

Zohara Yaniv: Seminar Medicinal Plants

Start: Tuesday 13 March, 3 p.m. (s.t.), Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

Christine Binder-Fritz: Women – Health – Migration: Transcultural Aspects of Gynecology and Obstetrics

Start: Thursday 3 May, 3 p.m. (s.t.), Institute for the History of Medicine, auditorium (Josephinum), Währingerstr. 25

Bernhard Hadolt: Medical Anthropology

Institute for Ethnology, Cultural and Social Anthropology (to be announced)

Dagmar Eigner: Schamanic Therapy II

Institute for Tibetology und Buddhismuskunde, 1 hour, block (to be announced)

Other Lectures

Food-Systems in the South – an Interdisciplinary Perspective on Nutrition with Examples from Latin America
Coordinators: Mga. Maria Dabringer (Ethnologist), Mga. Petra Kreinecker (Nutritional Scientist), Mga. Regine Schönlechner (Food Technologist)
Time and Location: Universität für Bodenkultur, 1180 Wien, Peter Jordan Straße 65, Simony-Haus
First Meeting: 23rd of March 2001, 2 - 6 p.m., room EG 05
Following conferences are going to take place on Fridays between 23rd March and 18th May 2001
For further information please contact: maria.dabringer@lai.at, petra.kreinecker@horizont3000.at, rschoen@edv2.boku.ac.at

Publications of the Department 2000

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Kutalek, Ruth: "They will only tell you what they believe you want to hear" Reflections to my research on traditional medicine in Tanzania. In: Viennese Ethnomedicine Newsletter, 2, 3, 3-16
Kutalek, Ruth: Through the eyes of the people. Qualitative approaches in ethnopharmacology. In: Ethnopharmacology 2000: Challenges for the New Millennium. 6th International Congress on Ethnopharmacology, Sept. 3-7, Zürich, Switzerland, SL 21
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Burtscher, Doris; Heidenreich, Felicia; Kalis, Simone: Le massage – une forme de traitement dans la médecine traditionnelle chez les Seereer Siin (Massaging – a way of treating in the traditional medicine of the Seereer Siin) Proceedings of the Congress of the European Society of Ethnopharmacology, Metz
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Heidenreich, Felicia; Kalis, Simone; Burtscher, Doris: Ablutions et bains rituels chez les Seereer Siin du Sénégal (Ablutions and ritual washings with the Seereer Siin in Senegal) Proceedings of the Congress of the European Society of Ethnopharmacology, Metz seiten
Kalis, Simone; Burtscher, Doris; Heidenreich, Felicia: Du savoir commun à la connaissance de la nuit chez les Seereer Siin du Sénégal (From common sense to the knowledge of the night with the Seereer Siin in Senegal) Proceedings of the Congress of the European Society of Ethnopharmacology, Metz
Wondwosen, Teshome: Initiation of healers in Ethiopia: A case study. In: Coll. Antropol. 24, 2, 555-563

Ph.D. Thesesis 2000

Abubaker, Hwiada Mahmoud: Cultural belief systems and women's indigenous knowledge in relations to fertility problems: The experience of five women from poor urban communities in Omdurman/Sudan. Ph.D. thesis

The main focus of the study was to get to understand how the cultural system and more importantly the social construction of the patriarchal ideology among the poor urban community in Omdurman are explained through the process of procreation as seen through the lenses of the social actors and the indigenous healers in the community.

The study was limited to the experience of five Sudanese women in relations to their fertility problems. Through their knowledge insights on the Sudanese patriarchal system can take place. Field research was carried out between July 1998 and February 1999. However, the idea that constituted the theme for the study has been initiated as early as 1994 and has always lived with me since. It was consolidated through different seminars and activities I attended throughout these years.

The research project emphasized the process whereby women interviewed in Omdurman, are dexterous through procreation to recreate and construct a space of their own within the patriarchal rules, despite their socially defined fertility problem that should have rendered them vulnerable and incapable of facing the community. Questions that arised were whether the space created reinforced or dis-empowered the rules of patriarchy in the poor urban community in Omdurman. To what extent did the social actors in their self-perceptions recognized these concepts? Did these women still hold the cultural views constructed by the hegemony of the patriarchal order, or have they constructed alternative coping strategies and adaptive views that are related to their roles and experiences? In their enthusiastic search for remedy the social actors in Omdurman provided some answers to these questions.

Analysis to collected data was provided by considering the social actors' activities by referring to two levels. The first level is the micro-level or actor's level, which focuses on the social actors' definition of her space and the ways she practices her freedom in the community, then strategies either to maintain or expand her space in relations to the "others". The second is the broader social or macro-level focusing on demonstrating how the existing patriarchal and customary laws are constantly shaping the space of women as well as their orientation. One aspect in the study was to assume critical posture regarding the social production of knowledge and its positive and negative impacts on the reproduction of present patriarchal power asymmetry. Altogether the study related to the concept of procreation with regard to three themes.

The first theme showed how the social actors reinforced their female's identity despite the discourse against their reproductive ability. The second theme was oriented to analyze the dilemma of how masculinity and femininity are equated with a biological aspect of life such as motherhood and fatherhood and the consequences of this process on the social actors' reproductive abilities. The third theme was set up to discuss ritual and symbolism in relations to the social actors' experience. An additional area, which touched upon sexuality, was the study of women's bodies and how it is viewed throw the lenses of the patriarchal authority.

Fertility problems as seen through the lenses of the social actors, are in many cases socially constructed and rendered real by the personal behavior of the relevant social actor herself. These experiences reverberate with the whole patriarchal image in Omdurman because their manifestations contribute not only to defining who is a man and who is a woman, but more importantly who is masculine and who is feminine. A masculine is a man who can reproduce his "own self" by propagating male infants and a female is a woman who can give birth to "healthy infants" as soon as she gets married. Between the two categories of a male child and a healthy child is a wide range of experiences that are conceptualized and manifested. Though the patriarchal ideology largely runs the reproductive world making it difficult for women living in the community, the social actors in the study reflect a great flexibility and one may say success to do so. In that way, they prove themselves capable of emerging as strong entities able to face the shortcomings implied on them by the community.

Although the central oral traditions concerning ethnogynecology as an indispensable body of knowledge are reasonably manifested, the diversified local history and ethnography of the ethnogynecology in the Sudan have yet to be investigated. Comparative analysis is targeted to supply further comprehensive understanding and to close some of the shortcomings in the data elucidated in this research.

Wondwosen, Teshome-Bahire: Medical pluralism in Ethiopia: The ethnomedicine and cosmopolitan medical practices in Addis Ababa. Ph.D. thesis

The aim of this anthropological research is to provide a baseline of information about the traditional medicine and to interpret the findings with reference to Ethiopia's socio-economic development and unmet needs for health care. It also examines why the people of Addis Ababa still employ traditional medicine despite the availability of cosmopolitan medicine. In this research which was conducted in Addis Ababa, the capital city of Ethiopia, the traditional anthropological techniques of data collection, observation (participant and quasi participant) and interview were employed. It was found out that although much is being said about the need for the cooperation between the two medical systems (indigenous and cosmopolitan) cosmopolitan medicine practitioners do not properly recognize the importance of indigenous medicine practitioners. This condition has become an obstacle for the exchange of merits between the two medical systems.

The dissertation has seven chapters. Chapter one is introduction. This chapter introduces the concepts of medical anthropology in general and medical pluralism in particular. It also discusses the theoretical and practical significance of my research. The major works of anthropologists that are directly or indirectly related with health are examined in

this chapter. Chapter two deals with the research methods and techniques. The aims and objectives of the study, how the data were collected and analyzed and the problems encountered during the field research are elaborately explained in this chapter. Chapter three discusses the indigenous medicine of the country in general and how it is practiced in Addis Ababa, in particular. People's beliefs and practices regarding health, the role of healers, the past and current positions of indigenous medicine in the country and the attitudes of the successive Ethiopian governments regarding indigenous medicine are analyzed.

Chapter four examines the introduction, expansion and development of cosmopolitan medicine in Ethiopia. It also explores the distribution of health facilities, like hospitals, health centers and health stations in the country and in Addis Ababa. In chapter five, the concept of the people of Addis Ababa regarding health, disease and illness are examined. It also explores the determinants for patients' choices of therapy (indigenous or/and cosmopolitan). Chapter six deals with the concept of the integration of indigenous and cosmopolitan medicine. It also discusses how the people of Addis Ababa practice medical pluralism in their effort to fight against health problems. The last part of this dissertation, chapter seven is conclusion and recommendation. It summarizes the most important findings of the research. Furthermore, in this chapter, based on the findings of the research, recommendations are forwarded.

M.D. Thesesis

Heidenreich, Felicia: Traditionelle Heilkunde und ihre Begegnung mit der westlichen Medizin – am Beispiel eines Heilers der Seereer (Senegal). (Traditional medicine and its encounter with Western medicine – the example of a Seereer healer (Senegal)

This dissertation is based on ethnomedical field-research with a traditional Seereer healer in Senegal. We give a short introduction on medicine and conceptions of disease of the Seereer and show a healer's biography as an example. A brief survey on colonial medicine is followed by an analysis of the healer‘s dicourse on Western medicine. Nature and extent of the influence of Western medicine on the healer‘s practice are to be described and evaluated. The important position of the healer as a keeper of tradition becomes clear. His position in society is founded in his biography, in his selection by the ancestral spirits and in his initiation to become a healer; it enables him to judge social conflicts. The healer has to find out about the causes for disease; traditional understanding of disease always depicts a bicausality: natural disturbance and socio-cultural conflict. This represents the big difference to Western medicine who rather promotes mass treatment in Africa. Misunderstandings between medical systems are due to this difference in the basic conception.

M.A. Thesesis

Stumpf, Michaela: Zum interkulturellen Behinderungsbegriff und der Lebenssituation behinderter Menschen zwischen Tradition und Moderne. (Intercultural definition of disability. The situation of disabled people in the past and modern times.)

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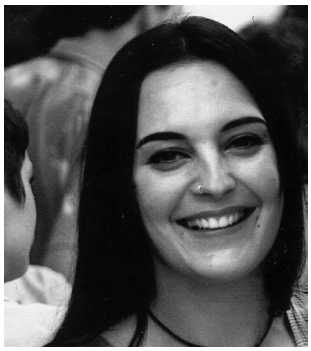

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Photograph last page

Hwiada Abu-Baker was Ph.D. student at our department for more than three years. Last year she gave birth to her "Austrian" daughter Rahik. She will return as an assistant professor to her home university, the Ahfad University for Women in Omdurman/Sudan. We hope she will remember her time in Vienna and keep in contact with us scientifically and personally as well.

Photograph: Alexander Weissenböck

Hwiada and Rahik

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