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Healing ritual in Nepal

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Frontispiece

A dog's skull and a garland made out of a python's vertebrae are placed on the head of a patient during a healing ritual. According to shamans, the dog's skull eliminates the illness by biting and the python garland swallows the illness. These two paraphernalia can be used for all kinds of diseases. The skull should come from a dog that was killed by a tiger on Tuesday, because only this kind of dog's skull has a curing power. The snake should be killed on Sunday, Tuesday, or Saturday. One has to dig a long hole in a field and bury the snake and a piece of string the same length as the snake. If a special mantra is said, after two, three months the snake bones will be attached to the string.
Jorpati, Kathmandu Valley, March 2002. Photograph: Dagmar Eigner

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Shamans' Comments on their Rituals: A Preliminary Report

Dagmar Eigner

The aim of this research project[1] is to gain a better understanding of the dynamics of healing rituals, the therapeutic processes, and the use of altered states of consciousness. Special emphasis is put on the healers' interpretations of their experiences and their intentions at specific moments of the rituals. In the years 2001 and 2002 five months of fieldwork have been carried out in Central Nepal during which I listened to healers telling their life stories, made videos of their rituals, and watched those videos together with them discussing the main issues of their work. This method was chosen because I thought that the video recordings would help to transport the shamans' minds back to the ritual time and place so that the comments and reflections would be rich in details. The idea to work with videos first came from a relative and helper of a shaman. While I was taking some photographs of healers during a festival he remarked: "With video it would be much better". Shamans and laypersons in Nepal are very open to the work with visual media. They are especially fond of colour pictures, the more natural the better, and moving colour pictures are something special that would be mentioned in various contexts of daily life. Some of the healers saw themselves on a television screen for the first time and they were very curious to see how they would look like when they performed rituals.

Almost all of the conversations were recorded on audio tapes which were translated together with Deepa Lama, Dharma Lama, or B.B. Shresta. Nepali words are transliterated according to the method of Ralph Lilley Turner (1965).

The Healers

Most of the healers I have worked with belong to the ethnic group of the Tamang. The Tamang constitute the largest ethnic minority in Nepal, numbering about 1,500.000 people and speak a Tibeto-Birman language (Bista 1967: 52ff.). The clientele of healers in the multi-ethnic areas of Central Nepal comes from a wide range of ethnic groups and comprises people with different cultural and socio-economic backgrounds[2]. Tamang shamans have usually gained their knowledge from various sources. Looking for more shamans to work with I have been introduced to healers who are not Tamang or do not follow the traditional Tamang ways of curing the sick, like undertaking soul journeys to the spirit world. Some of these healers become possessed by female deities who are called 'mother goddesses' (*mā* or *mātā*) and give special power to the persons who worship them regularly. The healers who work with the power of the goddesses are also called *mā* or *mātā*, whether they are male or female.

This kind of mediumship is often found among the Newars[3] (see, for example, Coon 1989, Gellner 1994, Subedi 2001), but I have also met one Tamang Mātā and one Chetri[4] Mātā (see below). Usually these mediums consider themselves as being *jānne*[5], people who know (the art of healing), and not as *jhākri* which is the Nepali word for shaman. The Tamang Mātā explains the difference (05/12/2001): "*Jhākris* have to play the drum and they make all kinds of sacrifices. When we go to a temple we do the ritual according to the illness of the patient. At the beginning I did not know any better, so I also offered eggs. But now I offer a coconut instead. *Jhākris* do the rituals at night, but *mātās* do that only when there is an emergency, otherwise we do not work at night time." The Tamang shamaness Āmā Bombo said while watching videos of different ways of healing (27/12/2001): "Everyone is possessed by God. The coming of deities on us is the same. *Mātā* is the same as *jhākri*. In the royal palace[6] everyone calls me *mātā*."

Some of the shamans in the Kathmandu Valley have stopped giving animals and even eggs as sacrifices. They cut a coconut if the client's problem demands a big sacrifice, but usually they only burn incense, light a candle, and give some rice. Shamans who see 50 to 100 patients a day often do not want to continue their work at night. If a patient asks for a special ritual (that is

more culture specific on a surface level) the shaman would call another healer or simply refer the patient to that person. Thus, the differences between *jhãkri* and *mātā* in the densely populated areas of the Kathmandu Valley are becoming less and less.

Reinhard's definition of a shaman (1976: 16) applies to both, *jhãkri* and *mātā*: "A shaman is a person who at his will can enter into a non-ordinary psychic state (in which he either has his soul undertake a journey to the spirit world or he becomes possessed by a spirit) in order to make contact with the spirit world on behalf of members of his community." The phrase 'to make contact with' is employed by Reinhard (1976: 17) because of its neutrality with regard to the purpose of the shaman's soul journey or possession. Hitchcock (1976: xiv) emphasizes the importance of the shaman's ability to enter into a direct and very personal communication with another world, and that the communication can be established either by a soul journey or by calling on spirits. Originally the term shaman derived from the Tungus word *šaman* (Hoppál 1994: 11) which has the same meaning as the Nepali word *jānne*: 'one who knows'. I have included the *mātās'* work and comments in this study, but I refer to them simply as healers and not as shamans in order to distinguish them from the 'hill tribe' shamans who use some different techniques.

The healers are introduced in the order I met them and the names given to them are those that my research assistant and I used when we were speaking about them among ourselves. In the chapters following the introduction of the healers some of the major features of their work is described.

Āmā Bombo

Āmā Bombo was one of the first shamans who settled down in the Bauddha area a few miles east of Kathmandu. A rich client who consulted her in the place where she stayed before gave her a piece of land near the Bauddha stupa so that she could build a house there and become a kind of 'family doctor' for him and his relatives. She and her first famous client belong to the ethnic group of the Tamang. Due to the considerable migration of poor mountain people to the Kathmandu Valley and the constant search for good building sites by rich people from various ethnic groups, Āmā Bombo has a quite mixed clientele. She had to learn to meet the needs of people with different cultural, economical, and educational backgrounds. In previous years much work had been done with her, especially concerning the structure and dynamics of possession rituals (Eigner 2001a). In the past one or two years I visited her occasionally, had some more conversations, took some more videos, and together watched videos that showed her own ritual performances as well as those of other healers. Āmā Bombo was chosen by the spirit of her deceased father, who was a famous shaman in the eastern hills, to continue his work as a healer. The deities who helped him in his lifetime have been coming to his daughter since her recovery from a crisis to tell her what has to be done at specific healing rituals. Now we call her Āmā Bombo (N.: *āmā* = mother; Tam.: *bombo* = shaman) because all the people in her surroundings call her this. Before we also used the name given by her parents 'Gyāni Dolmā' or the name given by the astrologer 'Buddhi Māyā'.

Som Māyā

Som Māyā is a Tamang woman who comes from a village in Western Nepal and moved to Bauddha about thirty years ago to stay with her husband's family. She was abducted by the forest shaman, the *banjhãkri*, a small being who is said to live in palaces underneath the ground in dense jungles. In the realm of the *banjhãkri* Som Māyā learned everything she needed to know to do the work of a shaman (Eigner 2001b)[7]. She stopped doing healing rituals for several years because she was busy bringing up her children and doing her housework. Because she neglected her spiritual duties she suffered a serious crises and only when she took up her profession again she became healthy. For some years Āmā Bombo supported her and the two women became friends. Whenever I went on a pilgrimage with Āmā Bombo to gain or renew power we took along Som Māyā.

Bhāi and Kākā

They are relatives of Som Māyā (N.: *bhāi* = younger brother, N.: *kākā* = father's brother) and live in a village east of the Kathmandu Valley. When Som Māyā wants some help in carrying out a long night ritual she calls them to

stay with her for one or two weeks. During the first part of the rituals Som Māyā would also beat the drum and sing for a little while and after that she would start yawning, make herself comfortable on the floor or in the big chair that she uses during her daytime healing activities, and sleep until the end of the rituals. Bhāi and Kākā were not very talkative. While looking at the videos in Som Māyā's husband's house, one or both of them suddenly disappeared or they smoked cigarettes on the little veranda, and I was left alone with Som Māyā's husband who did most of the talking. Later I invited them to the house where I stayed, and in the private atmosphere there they showed more interest in explaining the course of the night rituals.

Mingmar Sherpa

He is a fairly old Sherpa man and experienced in his work. I have heard that he has a very beautiful ritual dress but I have never seen it. In spring 2001 his son, who was staying in India at that time, died. After that Mingmar was not allowed to use his paraphernalia and his ritual dress for one year. I hope that I can do some work with him during the next period of fieldwork in December.

Jit Bahādur

When he was six years old Jit Bahādur was taken by the *banjhākri* from a place in the mountains where there were trees and a small river. He describes the *banjhākri* and the life in his underground palace very much the same as other healers do (compare Som Māyā's story). For seventeen months he learned from the *banjhākri*. After he had come back to his family's house he noticed that they had done all the death ceremonies for him thinking that he would never come back again. I first got to know Jit Bahādur, a Tamang man in his mid fourties, in March 2001. In April 2002 he explained that not the body or the whole person is abducted by the *banjhākri* but only the *haṅsa*, the vital energy or part of it. At the age of 12 or 13 he started to do hand reading at a public place in Kathmandu. Later he settled in different places outside the city. The house where he lives and works at present is always packed with patients which is the reason for his unwillingness to carry out longer night rituals. Jit Bahādur calls himself a *bonkar*, a *white bombo* who does not take any lives. In the course of bigger rituals that he performs at daytime he cuts a coconut instead of giving a blood sacrifice. At our first meeting he agreed to teach and I spent a lot of time together. In March and April 2002 there were so many clients consulting him that he hardly found time for teaching.

Jorpati Mātā

Jorpati Mātā is a Tamang woman in her mid-forties who lives and works in Jorpati, a village east of Kathmandu, that has become part of the urban area in the Valley. Every day she sees quite a number of patients and on Saturdays and Tuesdays – days that are thought to be especially auspicious for consulting a *jānne* – she works from 7 or 8 o'clock in the morning until the late afternoon. She has two daughters and two sons. Nine years ago Dakkhin Kālī, her tutelary deity, came on her for the first time. Two years later the goddess told her to get a good appearance – meaning a red dress. Jorpati Mātā never explained why the dress had to be all red but only said that the goddess Dakkhin Kālī liked it this way. Red powder is used as a surrogate of blood in many rituals. It is a symbol of transformation and change, a symbolic sacrifice to regain personal well-being and happiness. Jorpati Mātā has also been teaching me her knowledge and skills, but she wants me to keep the mantras to myself. She is a woman who gives much warmth to all the people who seek help.

Chetri Mātā

At the age of twenty Chetri Mātā fell ill and neither medical doctors nor shamans could find the cause of her sufferings. Almost ten years later she started to burn incense, light candles, and keep clean water in a vessel for the deities. After a few weeks the goddess Gorakh Kālī came on her and made her tremble – which is considered to be a sign of possession[8]. In the following months the goddess taught her everything that a healer should to know. Because she became very greedy and said bad things about other healers this our relationship became poisoned and I decided to stop working with her.

Banjhākri

I call him Banjhākri because his name is Jit Bahādur and he was also abducted by the forest

shaman. He told me an amazing story: he is the real Jit Bahādur and the other one (see above) has taken his name and earns a lot of money whereas he himself is very poor. The two Tamang men worked together for some years and after they split up they both still have the same signboard that says that they are *banjhākris*, what kinds of services they offer, and how much they cost. In a community where quite a few people are illiterate it is unusual to have a signboard. I have noticed, however, that the 'first' Jit Bahādur does not insist on getting a certain amount of money. On several occasions when I consulted him he refused to take the money offered to him. Banjhākri's business is not good. He often starts to drink in the morning and is drunk when the first customer arrives. There are still some people going to him rather than to another healer because he is known as an expert in traditional Tamang rituals.

Dil Kumār

He is a Tamang man in his early thirties and comes from a village in the hills west of the Kathmandu Valley. At the age of nine he was abducted by the *banjhākri*: "My friends and I used to look after the cattle. One day suddenly my friends saw me running towards the forest, but I felt that the sky and the earth joined and some eagle-like bird came and took me away." (03/03/2002). In many of his narrations he emphasized the personal side of his experiences that differed from the accounts of other shamans. Coming back from *banjhākri's* place, Dil Kumār did not behave in a normal way. Not knowing the reason for it his father scolded him and beat him. Dil Kumār said that in his grandfather's generation there were several *jānne* who were able to do small healing rituals. Finally they realized that he was chosen to become a shaman. Four years ago Dil Kumār moved from his village to the Jorpati area because of severe health problems. He had been called to Bhaktapur to perform a difficult healing ritual. When he discovered that there was no cow dung that was needed to prepare a sacred space, he went out to a public ground to collect some. There he was beaten up by a group of youngsters who accused him of being a thief. According to Dil Kumār his intestines were broken and he was not able to recover fully. Unfortunately he had to move several times in the Kathmandu Valley so that he found himself in new social environments where people did not know him. He appeared as a man who has gained much knowledge, but due to his situation he did not have many clients in spring 2002. Dil Kumār also agreed to teach, but because I was busy with other healers and teachers at that time, I decided to postpone more detailed work with him.

Kriṣṇa Bahādur

His father and grandfather were also shamans and at the age of thirteen the tutelary deities of his ancestors came on him for the first time. In the beginning he did not think about it much and concentrated on his studies in school. Some people said that he should take a guru, but as long as he stayed in his village he did not follow this advice. Later in his life he went through a crisis period and his forefathers' deities came on him again. After that he became interested and started to learn from Tamang shamans as well as from Nepali and Indian tantrics. He says that he has changed his ancestors' way of healing by integrating knowledge that comes from other traditions. In the morning Kriṣṇa Bahādur sees clients in his small office near Jorpati and is called to the patients' houses to perform longer healing rituals in the evening. From 11 a.m. to 4 p.m. he also works in a hotel.

Ashok[9]

We got to know Ashok through friends living in his neighbourhood in Patan. He is a Buddhist Newar and belongs to a family that has been using tantric, ayurvedic, and homeopathic knowledge for healing for a long time. I have had a few conversations with him and have seen his ways of tantric healing which are very similar to the small rituals that are done by *jhākris* and *jānnes* of other ethnic groups.

Lakṣmī

Lakṣmī is a Newar woman who lives in an old part of Kathmandu. It is hard to guess her age and because I have only seen her a few times I did not want to ask her. The house she lives in has started to crumble, the ceilings are low, and there is only one toilet without flushing water on the ground floor. Lakṣmī stays in the house almost all day long. Her younger daughter, a teenager, brings her whatever she needs and attends to her during major healing rituals. A

television set opposite Lakṣmī's seat is turned on for entertainment whenever she is not seeing clients. She says that she has not learned any methods – because if she knows *mantras* someone could think she is a witch – and she works with the power of the deities who come on her.

Divination

During consultations the patients often give a very brief description of their problems. The healers are supposed to be in close contact with spiritual forces, tutelary divinities, so that they are expected to know about the nature and the background of the patients' sufferings. According to these assumptions that are prevalent in the multi-ethnic society in Central Nepal healers often state symptoms and then ask the patient: "Is it like this or not?" The patients usually say "yes" and sometimes add more details about their suffering or social relations.

One widely known technique of divination[10] consists of separating and counting rice kernels. The patient usually has to touch the rice so that his/her problems would show up in the rice and the shaman can detect the reasons for them. While looking at a video of divinations and healing rituals with Jit Bahādur (20/03/2001) I tried to get to know more about his point of view of the processes underlying this way of divination.

Dagmar: When you do the divination (*jokhāna*) with rice, how does it work?
Jit Bahādur: It depends on how much rice I take from the plate (where the patient puts the rice). If there are 7 rice kernels then the disease is caused by this, if 10 this, if 12 this, if 15 this. There are different mantras for different diseases.

Because I was not satisfied with this short description I asked again during an evening lesson (14/12/2001) and this time he replied: "You have to learn this. When a patient comes with pain in his abdomen, when he vomits and has diarrhoea, then you say it is caused by a *bhut*[11], and when a patient has pains in the ribs, blisters, and small wounds then you say it is caused by *nāg*[12], and when a patient has something like a gas ball moving in his stomach then this is caused by a person who wanted to harm him by doing *bigār*[13] …" Symptom-oriented diagnoses are very rare and with a few exceptions no regular patterns can be seen. Stone (1977: 43) mentions one *jānne* who draws connections between specific symptoms observable in the patient and the probable causes of affliction.

In addition to separate and count the rice on a plate Jit Bahādur also puts some rice on the palm of the patient's hand to see the general fate of him/her and what has caused the problems. While looking at a different video of Jit Bahādur's healing sessions (23/12/2001) I asked about the meaning of the rice.

Dagmar: What is the rice for (that was put on the hand of the patient)?
Jit Bahādur: With it I can see the reason for the illness.
Dagmar: Is it always the same rice you use for seeing the *jokhāna*?
Deepa (research assistant): If a patient does not bring his own rice then he uses the rice of the client he has seen before, otherwise he does the divination with the rice of the specific patient.
Jit Bahādur: I have taught you the hand reading. (This he did in one of his first lessons. I assumed that he incorporated it in his shaman's work because of his long practice of hand reading in a park in Kathmandu.)
Dagmar: But if the rice is there, how can you see the lines of the hand?
Jit Bahādur: The rice is kept there for nothing. It is my own style and it means 'oh God, make the *jokhāna* clear'. This is just to influence the people, to make an impression.

Jit Bahādur brings in a psychological component. With his techniques of divination he builds up the patient's trust in his healing capacities. When he talks to the patient his voice becomes very soft, and he takes the patient's hand in a caring, gentle way. While staying in Jit Bahādur's small office I often heard people praise his efficacious treatments.

In many cases Jit Bahādur mentions similar combinations of symptoms like headache, pains in the chest and the stomach, sweating, dizziness, fever, and tiredness. The illness-causing spirits are also often the same, spirits that are familiar to all people living in Central Nepal. Usually Jit Bahādur enumerates several

spirits that are responsible for a person's sufferings. I have never seen a patient in Jit Bahādur's office who was dissatisfied with this kind of divination. If a patient had a special problem, then Jit Bahādur would realize it immediately and act accordingly.

Banjhãkri drinks a lot and sometimes he cannot sense what is wrong with a patient (22/12/2001).

Banjhãkri: You have fever, headache, you don't like to eat, you have pains in the back and in the waist, your stomach hurts, and when you get your period you have a pain in your belly, you see very bad dreams, whenever you do some work you feel lazy, dizzy, and your arms and legs are tired. This is caused by a person. *Phukne* and *jhārne*[14] has to be done two, three times and then you will be alright.
Patient: I don't feel these things. I don't get fever.
Banjhãkri: Sometimes you have fever.
Patient: I don't remember that I have had fever.
Banjhãkri: A person did *bigār* when you got the period.
Patient: See the *jokhāna* properly. I have a different kind of illness and my problems are different from what you have said. My body is itching and my stomach is full of gas. Since two, three years I suffer from this and now you are saying different things. I get my period very regularly. If you cannot see the *jokhāna* clearly, then leave it.

Incidents like these explain why Banjhãkri does not have many patients. He tries to persuade the woman to admit that she has fever at least sometimes, but this makes the situation even worse because the woman feels that he does not understand her problems. Good healers work a lot with suggestion and in case they say something that the patient does not agree to, they can quickly find something that the patient considers as his/her problem.

Dil Kumār described the process of seeing the *jokhāna* in the following words (03/03/2002): "I do it by putting rice on a plate and counting it. There is a mantra that the *banjhãkri* has taught me. I whisper this mantra and then I see what is wrong with the patients. They have to bring one *mānā*[15] of rice and 20 Rupies. I take some rice, put it on the plate, ask the name of the patient, and touch the head of the patient and then my own head with the rice. I divide the rice into five parts and keep one deity on each part as a witness. Then I count the rice, adding and subtracting the kernels. It is like doing mathematics in school. After that I can say whatever problem a patient has got and what it is caused by. I know all the symptoms of the patients even if they have not told me before. And if this does not work I feel the pulse." Even though Dil Kumār talked about mathematics he emphasized the importance of the mantra and the close relationship with beings of the spiritual world.

Āmā Bombo works with the power of her tutelary deities and has her own way of divination which consists of counting the finger-joints of her hand, singing a little song, telling symptoms, and asking the patient if it is like this or not. She thinks of her gurus who give her power to see the *jokhāna* clearly and to cure the patients. Then it all comes by itself (27/12/2001): "While I am counting my fingers I can see everything in my hand." When she talks with the patient she looks into his/her face. She also asks about the persons' socio-economic backgrounds and their personal relationships. Although she does not spend much time with each patient during the morning consultations, she is very much concerned about a patient's problems in life. People respect her very much for that and they appreciate her selfless help.

Counting the finger-joints and separating and counting rice kernels probably leads to an altered state of consciousness that enhances the ability to perceive what is going on in another person. Stone (1977: 43f.) reports that one *jānne* admitted to her that there is nothing efficacious in his use of rice-reading (compare Jit Bahādur's comments) and that he makes use of the emotional responses of his clients: "It is only something to show the people. I use the rice-reading as a device to give myself time to think about the ill man; and when I am reading the rice, I am really reading the man's face, for that is where you will see why he has become ill."

If a patient's problems are attributed to witchcraft, especially if it is said that the illness is caused by *bigār*, healers usually do not say much about the background history. It is left to the patient and his/her family members to give the diagnosis a personalized interpretation (compare Skultans 1988: 976). In difficult cases,

however, longer rituals have to be performed during which the psycho-social problems in the patient's family are discussed.

Symbolic Healing and the Use of Ritual Paraphernalia

The term 'symbolic healing' has been coined by Moerman (1979), implying that all kinds of Western psychotherapies, shamanic therapies, and religious healings invoke similar psychological processes. Dow (1986: 56) assumes that there is a common structure that can describe and explain the organization of all forms of symbolic healing regardless of the culture in which they occur and proposes an outline for this universal structure of symbolic healing:
1. The experiences of healers and healed are generalized with culture-specific symbols in cultural myth.
2. A suffering patient comes to a healer who persuades the patient that the problem can be defined in terms of the myth.
3. The healer attaches the patient's emotions to transactional symbols particularized from the general myth.
4. The healer manipulates the transactional symbols to help the patient transact his or her own emotions.

Dow (1986: 56) taking a position similar to that taken by Chomsky (1965: 15ff.) on language, argues that if there is a universal structure to symbolic healing it can be regarded as due to a deep structure and that the different cultural forms of symbolic healing can then be regarded as surface structures manifesting the rules set by the deep structure. The healing methods of shamans, *mātās*, and tantrics in Nepal can be seen as surface structures that have a common basis or deep structure.

The basic ideas of the effectiveness of the short treatments are very similar among healers who have learnt in different ways and come from different ethnic groups. Illness-causing agents are chased away, brushed out, or threatened with a knife to make them run away. Accordingly, also the transactional symbols and their manipulation are very similar.

Jit Bahādur uses the skull of a dog and a necklace made of the bones of a python (20/03/2001): "The dog brings out the illness by biting, and the snake *mālā*[16] swallows the illness. … If the illness is caused by a *masān*[17] then I put the dog's skull and the snake *mālā* on the patient's head and if the illness is not caused by a *masān* then I only use the snake *mālā*. For the *masān* the dog's skull is needed because the *masān* is a dog." Later when I asked why he was hitting the patient's head and shoulders with the snake *mālā* he replied: "It brings out the *bhut pret*, sending away whatever *bhut pret sime bhume* there may be." *Bhut pret* is a Nepali term that refers to a wide variety of spirits that attack humans and *sime bhume* are two Tamang words for earth spirits. With the expression *bhut pret sime bhume* Jit Bahādur refers to all the spirits that can cause illnesses.

Hitting the patient with the *mālā* that Jit Bahādur uses for meditation and calling his helping spirits, ancestors, and divinities is another way of his short treatments. While watching a video he explained (20/03/2001): "If the patient is very sick then I hit him with the snake *mālā* and if his condition is not so bad then I hit him with my *japne mālā*[18]. I do it according to the type of illness. First I have to see what is wrong with the patient and then I decide what to do." While manipulating the paraphernalia Jit Bahādur takes burning incense that is wrapped in rice paper into his right hand and whispers some mantras.

One widely used technique is giving the patient water[19] to drink, into which mantras have been blown. Sometimes the water is mixed with rice or ash. Chetri Mātā collects the water from holy places and does not use any *mantra* along with it. Over the number of years that I have known Āmā Bombo I have seen her putting ash into the water for some years and putting some rice into it in other years. While stirring the mixture she whispers a mantra, and then she pours it into the patient's mouth. Jit Bahādur throws one rice kernel into the patient's mouth to eliminate the pain in the abdomen that is caused by *bhut pret*. Jorpati Mātā whispers a mantra into the *jal* that is in a small metal bowl and then gives the bowl to the patient asking him/her to drink it.

Like the mixtures of Āmā Bombo's *jal* changes in the course of time, also the preference of specific ritual paraphernalia by an individual healer is

not always the same. Watching videos with Āmā Bombo I addressed this issue (27/12/2001):

Dagmar: When I took this video[20] you were only using a knife to chase away evil spirits, but before you also worked with a broom[21] a lot. Why don't you use the broom anymore?
Āmā Bombo: Sometimes there is work for the *kuco* and sometimes there is work for which a knife is needed. Now there is more work for the knife and less work for the broom. It depends on the kind of illness. If the broom is needed I use it and if a knife is needed I chase away the illness with the knife.

Together with Jit Bahādur I looked at another video that I took of his shamanic practice and talked again about the function of his ritual paraphernalia (23/12/2001):

Dagmar: Here you have put the dog's skull and the snake *mālā* on the head of the patient. For what kinds of diseases do you use them?
Jit Bahādur: They can be used for all kinds of diseases. The dog bites the disease of the patient. But the skull should be made of a dog that was eaten by a tiger on Tuesday, because only this type of dog's skull has power. The snake swallows the disease. There is a crowd of people coming to my place, because after I have treated them with these things they become well.
Dagmar: Last time when I was here you sometimes only used the snake *mālā*, but now you always keep it together with the dog's skull. Why do you do it like this now?
Jit Bahādur: Before I used to keep them separately, but now I have put them together. If someone suffers from the influence of a *masān* or a *suke masān*[22] he/she gets well very quickly with the power of the two things.

Some of the ritual paraphernalia, like the dog's skull or the bone trumpet that has to be made out of the bone of a tiger and is used to cast spells and to attract spirits, are difficult to obtain or to prepare. Snake garlands have become very rare. I have met only four Tamang shamans who possessed one. Dil Kumār tells about the process of preparation (03/03/2002): "It is difficult to put the snake bones on a string. This snake is very long. It is called green snake or something like this. It has white lines on both sides and it can fly. The snake has to be killed either on Sunday, Tuesday, or Saturday, not on any other day. They dig a long hole in the field and bury the snake and a piece of thread that is as long as the snake. One end of the thread is put near the snake's head. Then they have to say a special mantra and after two, three months the snake bones are on the string. It happens automatically, but if the mantra is not said it will not become like this."

A broom is used by all the different kinds of healers: the shamans, *mātās*, and tantrics. It is about thirty centimetres long and usually made out of rice straw. When it is used it either touches the patient or it is whirled around in the air. One exception of a healer who never uses a broom is Jorpati Mātā who uses the side of her hand to chase away illness-causing agents or just to loosen up stiff muscles. When I tried it I was surprised how good I felt after this simple treatment. While watching a video of Jorpati Mātā's healing sessions Āmā Bombo commented on the way Jorpati Mātā works (27/12/2001): "She is doing good massage; it heals the pain in the nerves. She knows how to heal. What she does is good. Now I also have to start this method. It chases away the pain in the nerves." Most of the healers are very willing to adopt other techniques if they think that they show good results.

Skultans (1988: 978) reports on a tantric healer using a stethoscope placed against the patient's forehead. This is done to examine the patient's state of health but it can also be considered being part of the treatment. Either way the stethoscope has become an indispensable component of the tantric's professional equipment. Although the use of transactional symbols change in the course of time, the surface structures of the short rituals in Central Nepal performed by healers coming from different cultural backgrounds are very similar.

Usually this kind of healing ritual only last a few minutes. Many patients travel a long distance to see a famous healer that they have heard of from family members, friends, or neighbours. According to Skultans (1988: 971) they are often dissatisfied with the short, impersonal, and standardized treatments. I found that the length of time a healer spends with a patient is not considered to be important, but that the healer's skill to deal with the patient's problems is decisive for an efficacious cure. With the

methods of divination described above the inspired healer can find out a lot about a patient's background in a short time.

Gellner (1994: 32) notes that the problems brought to the healers in the Kathmandu Valley would be classified by biomedical practitioners as primarily social or psychological, and that some have no physical component at all. The reason for this might be that there are several alternatives for the treatment of physical illnesses, but there are few psychiatrists and no psychotherapists. Furthermore, shamans and *mātās* can pull back spouses who have run away, find lost or stolen objects, and help people to make their business prosper. Dil Kumār said that in villages *jhākris* had treated everything, including broken bones, before health posts were erected. The shamans' knowledge of herbal and physical medicine seems to be almost lost.

Possession Rituals

If a witch has sent a strong evil spirit to someone and that person at times mumbles unintelligible words, a healing ritual has to be performed during which the psychosocial problems are talked about, because witches are thought to act out of anger or envy. Healers deal with witches in different kinds of rituals. If the witch has sent an evil spirit to trouble a person, Āmā Bombo calls the patient and some of the relatives to come in the evening and lets the spirit and the witch talk through the patient's mouth to find out what has to be done to solve the problems and cure the patient.

While looking at a video of such a possession ritual Āmā Bombo narrated (07/02/2001): "First I have to bind the four directions of the room (where the ritual takes place) and ask deities to stay on each of the four sides so that the evil-doers who cause the illness cannot run away when they are kept there in that room. After that you start asking the spirit: 'Who are you? Who has sent you? Where do you come from? Why has your guru[23] sent you? Are you a *masān* or has a clan deity ruined you so that you have become mad? Or has some other deity come on your head and made you shake?[24] Tell me clearly!' This is how we ask the patients. The four directions are tied by a mantra so that they[25] cannot run away. They will search for a way here and there, in all different directions, but they cannot escape. When they see that the way is blocked and that they cannot go anywhere, they will feel like in a prison and start telling their stories. It is not enough to ask them one or two questions. We have to keep on asking them, stop asking, and then start again. It takes at least two to three hours. They have to admit that they have done something wrong and finally they have to give up. If we only ask a few questions then they might lie to us. We have to repeat the questions four, five, or six times. Then the patient will tell the truth and will say who is speaking through him/her and if someone has given the order to cause problems. Then we[26] will decide and say what kind of spirit is troubling the patient, if it is a *bir*, a *kãco bāyu*[27], or a *masān*.[28] We give the spirit food, clothes to wear, and 84 delicacies so that it will leave the patient. We also give it a cock in exchange for the patient. With all these things we allure the spirit, and because of its greed it will come on the food. After it has left the patient we take it out to a crossroad."

Āmā Bombo confirms what I have interpreted before (Eigner 2001a). She also says very clearly that the possession of the patient is asked for during the healing rituals because it is the basis for her therapeutic technique. The reasons for the patient's suffering are psychosocial conflicts, and possession by spirits or witches provides a suitable basis to talk about the problems. Because it is important to discuss the conflicts until solutions have been found so that the harmony in the social network can be re-established, the illness-causing agents are confined for most part of the ritual. If they run away before they have confessed and accepted the dominance of the shaman, the ritual cannot come to a successful end.

In Āmā Bombo's short description of the structure of a possession ritual the evil spirit and the witch are not clearly separated. Because the person who has raised and sent the spirit is responsible for the patient's illness, the focus is on the conversations that are lead with the witch, the main conflict-partner. These techniques are very useful for the shamans who work in a densely populated area like the Kathmandu Valley. The healing rituals are designed in a way so that healers and patients from different ethnic groups can understand the symbolic system. Many of Āmā Bombo's patients are not Tamang

but she is an expert in dealing with people's sufferings and sorrow's no matter what socio-cultural background they come from.

The questioning of witches that are supposed to speak through the patient is also done by other shamans and by *mātās*. Possession of laics is absent among the ethnic groups living in the hilly areas of the Himalayas (Höfer 1974: 162f.), but in the Kathmandu Valley healers mostly employ simple metaphors or basic symbols of a cultural myth, as Dow (1986: 56) calls them, e.g. a person sends a malevolent spirit to someone else in order to cause trouble. All the people can relate to this metaphor and they also know that witches speak through patients and sometimes through healers. Berger and Luckman (1980: 190) argue that psychological theories that someone knows about can easily become reality in the life of that person. Carstairs (1958: 1218) has expressed this with the following words: "Everyone sees it happen to others and expects without question that in similar circumstances it will happen to oneself, and it does."

Within a period of eight years since Jorpati Mātā started to work as a healer she has made fifty witches talk. Chetri Mātā tells that sometimes witches cry and scream when they come on the patients (26/12/2001). "When we inquire about them and about their children[29] they sometimes blame others and pretend that someone else is speaking, and at times they also say: 'I am a deity'. And we have to inquire and inquire. Usually they do not tell the truth right away and sometimes we have to beat them also. When they finally tell the truth they will say who they are, how many children they have, and that they troubled the patients because they had made them angry."

Mātās do this kind of healing work only at daytime and they never give blood sacrifices. Some of the *jhãkris* living in the Bauddha area where many Buddhist monasteries have been built and which has become an important centre for Buddhist Studies, try to avoid blood sacrifices more and more.

Lakṣmī has developed her own way to deal with witches and wizards and lets them come on herself and speak through her mouth. Such a healing session (20/04/2002) is described briefly: Two sisters who both live in their husbands' houses in Kathmandu have come into Lakṣmī's office complaining that their father has died a month ago due to witchcraft. It turns out that their mother, brother, and the grown-up daughters of the younger sister live in Birganj, in South Nepal, in the house that is owned by the family. The brother is married to a woman whose father is suspected, or rather say accused, of having killed their father. The sisters are worried that the wizard would also harm their mother, expel the daughters of the younger sister, and take over the whole house keeping only his daughter, son-in-law, and his small grandson there. In addition to their grief and their worries they are troubled by noises at night so that they cannot sleep. The younger sister has Śivā's power coming on her head that protects her against the attacks of witches/wizards. She has visited Lakṣmī many times over a period of several years and is acquainted with the procedures in her office. As Lakṣmī's daughter is not there that afternoon the younger sister attends the healer. Therefore I called her Assistant Patient (Asst P). Several other patients have also come to consult Lakṣmī. As the older sister is the first among them who appeared in the tape recording I called her Patient a (P a). In the beginning of the session Hanumān[30] speaks through Lakṣmī and tells the audience that he is flying to Birganj with 70.000 monkeys to pull the wizard and those who have helped him to Kathmandu. Whenever some other being comes on Lakṣmī (L) she makes a loud snoaring sound (SNR).

L: Pass me a cup of tea. Hanumān is bringing those who have caused the troubles. They are already half way.
Asst P: By the time Mā finishes the tea they will be here. We have their daughter in our place. How can her father and other relatives dare to come and quarrel with us? – Look how hard it is! They are being pulled from far away.
L: SNR.
Asst P: Who are you? You cannot just keep looking around. Tell us who you are! Don't just look like this! Say what your dissatisfactions are! Why could you not bear me?
P a: We are giving so much.
Asst P: That's right. I had to take a loan to be able to pay for the treatments of our father and mother. I have such a big loan. Who will pay my debts when you keep on doing this? Because of the heart attacks of our father I did not say anything.

P a: We got him the treatment that cured him but again you used your evil power.
Asst P: Now I will not let you go free without paying the debt. Why are you giving me so much trouble? Maybe you think that you can defeat me but your anger does not make any difference to me. You cannot harm me.
L (the wizard, the father of the patients' brother's wife speaking through her): What? What?
Asst P: Why did you trouble us?
L (wizard): Why did you look down upon my daughter?
Asst P: When did I look down upon her? I am the one to provide your daughter with all the clothes. Have I despised your daughter?
L (wizard): I will expel your children from your home and I will go to live there. I don't care, I will speak out what I am not satisfied with.

The sister-in-law's father continued to complain that he had not been asked to live with his in-laws in their house. The younger one of the two patients (Asst P) was amazed that he dared to say this after he had killed her own father. After some time the person who had taught witchcraft to the father of brother's wife, a Danuwar[31] (D) came on Lakṣmī and spoke through her.

L: SNR.
Asst P: Who are you now?
L (D): I am a Danuwar.
Asst P: I knew that there are others also.[32]
L (D): We are seven.[33]
Asst P: Why did you trouble us?
L (D): You are asking why? He made friendship with me and offered his wife for teaching him witchcraft. Now his learning is completed. That's it.

It is said that as payment for being taught witchcraft a close relative is given to the teacher who kills that person. By accusing the brother's wife's father of being a wizard the two sisters imply that he has given his own wife as a sacrifice to his teacher. They also think that he is not so much concerned about supporting his daughter but that he acts out of selfish reasons because he cannot pay the rent of the room where he stayed and wants a place to live for free and daily meals. The Danuwar who has taught him witchcraft is not involved in the family problems. Some time later – still speaking through Lakṣmī – he suggests a possible solution.

Asst P: Now, what shall I do? Shall I send his daughter back to him (the father-in-law who created all the troubles)?
L (D): No.
Asst P: Then what shall I do? It cannot continue like this all the time.
L (D): It will not solve the problem if you do this.
Asst P: She (her brother's wife) will have her share of property according to the law and will be divorced. What else can be done?
L (D): His daughter has a son.
Asst P: We will give some property for her son.
L (D): He has to have his share of property. The husband and the wife love each other. How will you separate them?
Asst P: Husband, wife, and their son may live together separately, only our mother will come with us.
L (D): Why?
Asst P: Why should we keep them at home?
L (D): Your brother will be sad. Will you be able to see your brother becoming unhappy?
Asst P: Then what shall we do?
L (D): You sell the house in Birganj and buy a plot of land here and construct a house here. You all live in this house and leave her father in Birganj. Do you think this will be good or not?
Asst P: We are also thinking to do this.
.....
L: SNR. Oh, you are talking among yourselves, isn't it?
Asst P: Who are you?
L (father): Your father, your father.
Asst P: What? My father has died! How can you be my father?
L (father): I am the father of your sister-in-law.
Asst P: Why are you giving trouble to us?
L (father): Don't beat me, please! I won't do it, I won't, I won't … Why did you pull me here? Why? … (pushes Asst P)
Asst P: You are strong, but how do you dare to attack me in front of Bhagwān[34]? .....
L (father): I won't do it anymore. Aiya (cry of pain)! (Falls down on the floor.)
Asst P: Because his teacher came first he did not have so much power. But you saw how hard he pushed me.
Patients (trying to lift Lakṣmī): It is so difficult to lift her.
L (father): I am going. Mother, don't beat me! I swear by God that I will not do it anymore. Don' hit me, Hanumān! I won't do it anymore. ..... SNR (father has left).

The basic plot is the same as in the possession rituals that Āmā Bombo conducts: the witch/wizard is questioned, the psychosocial problems are talked about, the witch/wizard has to be subdued, and she/he has to promise not to trouble the patients anymore. In Lakṣmī's ritual dramas she takes over all parts. While the wizard has to give in, deities that act through her are punishing him. Lakṣmī is possessed by different beings at the same time. The patients can talk to the evildoers and thereby get out their aggressions and their despair, and they receive the help and the blessings from the deities. I asked Lakṣmī how she felt during the healing ritual (20/04/2002):

Lakṣmī: When they (witches, evil spirits) come, the body feels so heavy.
Dagmar: Do you feel like that all over your body?
L: I feel like being ridden on my shoulders and then it enters up into the head.
D: Do you feel like being ridden or does something enter your body?
L: Not entering. Then the *māṣ* torture them.
D: When *māṣ* come, do they enter your body?
L: When *māṣ* come they get in here (pointing to her chest/heart).
D: Inside the chest? Into the body?
L: Yes, just like Hanumān showed Rām and Sitā the inside of his chest by tearing it apart.[35]
D: So, when *māṣ* come, they come inside your body, but when witches or evil spirits come, do they ride on your shoulders?
L: Yes. Some *māṣ* come on my head. It is not enough if only one or two *māṣ* come to drive away the evil. I may die if there are only one or two *māṣ* in me. Even when so many *māṣ* come, witches try to win, but because so many *māṣ* have come they cannot harm me.
D: Do you feel any pain when the witches come on you?
L: I feel pain at that time. The *māṣ*, however, would not let the witches harm me. Actually, it is only their *haṅsa* that is pulled here.

Lakṣmī distinguishes between the possession by witches or evil spirits and the union with deities. Only the *haṅsa*, the life energy, one of the vital airs, of the witches comes on her to act and speak through her. Witches are persons with flesh and blood and therefore it seems impossible that all of them come. After having been possessed by a witch during a night ritual Āmā Bombo explained that 'they send the thing that speaks' so that they are able to talk with the other people who are involved in the conflict. Deities are spiritual beings and they can bring their power to help in the healing ritual.

Changes of the Consciousness of the 'I'

Jorpati Mātā works with the power of her tutelary deities, especially Dakkhinkālī. In the morning before she starts her work she worships Dakkhinkālī singing devotional songs, burning incense, lighting little oil lamps, and whispering a mantra that tells about the power *(śakti)* of the deity and the devotion *(bhakti)* of the healer. By performing her morning ritual she gets into close contact with her tutelary divinity that is then present in the room where the healing sessions take place.

Jorpati Mātā had never seen herself on a video screen and she was very interested to see how she would look. While watching a video together (18/12/2001) she recognised herself as I and as not being I:

I am surprised. People used to say that deities come on me and I wanted to see what it looks like. …
That is not me. …
This is the same as Kālī. My appearance is the same as Kālī's.
Nobody will say that is me. That is not me. …
People used to say several things to me. Now I am experiencing it. Some said that they had seen different faces but I have never believed them. Now it is becoming clear to me. …
Now I am very surprised. Do you see this face (her own at the time of watching the video) and that face (that is shown in the television screen) the same? …
Wherever I go all my friends and other people call me Mātā. They take care so that they don't touch me with their feet.[36] They sit separately. And I tell them: 'Don't call me Mātā, I feel awkward. When I sit at my guru's place[37], then it is alright, but, please, don't call me Mātā now.' I tell this to my friends.

Jorpati Mātā differentiates between her everyday life and her life as a healer. While sitting on her guru's place she should be treated like the deity herself, but when she has left that place and goes about her activities in everyday

life she is an ordinary person like the others. There are, however, some rules that she has to obey since Dakkhinkālī came to her for the first time: she should not eat chicken meat and chicken eggs (when I was served snacks ducks' eggs were used)[38], she should not eat from another person's plate or food that has been prepared by an impure person (to make sure that this does not happen she only eats food prepared by her servant girl or by one of her disciples or former disciples), and she has to take a bath and wash her hair every morning. Otherwise she leads a normal life as a mother and grandmother, and is engaged in political activities.

Chetri Mātā feels that her life has changed completely since deities have come on her (26/12/2001): "Sometimes I feel that because of Bhagwān I cannot do what I want. I cannot eat what I want, and my husband is still young, so sometimes he gets angry with me and tells me that he wants to marry another wife, because he has a desire for things, but I don't feel any desire.[39] I just want to stay clean, quiet, and calm. … Bhagwān does not come on everyone's body. Maybe it was written in my fate. If I would not have my daily responsibilities it would be good. I want to show devotion to the deities and I don't want to bear the responsibilities for my family and the household."

On Tuesdays and Saturdays a large number of deities come over Jorpati Mātā and act and speak through her. This creates a very special atmosphere. Patients get the chance to experience the power of the deities in an immediate way and they can consult Dakkhinkālī who always appears first, being the tutelary deity of Jorpati Mātā. After a while Dakkhinkālī tells the patients to ask her 'child', Jorpati Mātā, whom she has given the knowledge how to treat the sick people. As soon as Dakkhinkālī goes, several other deities come one after the other, saying their names and doing some characteristic gestures. While looking at a video of the deities coming and going we had the following conversation (18/12/2001):

Dagmar: Why do you burn incense when the deities come?
Jorpati Mātā: To make them happy.
D: When you are shaking, does it mean that a deity is coming on you?
JM: Yes. If I want to shake now I cannot do it. … My voice is different. Look at my eyes!
D (asking Rajani, Jorpati Mātā's assistant): You have seen *āmā* like this many times, how do you feel now?
Rajani: Not any different.
D (addressing Jorpati Mātā): What do you feel at the time when a deity comes on you?
JM: I remember until my right hand is shaking. When a deity comes, then the right side will shake, but when something evil comes, the left side will shake. At the time of a deity coming I only remember until my right hand shakes.
D: What happens when the deity leaves?
JM: We don't know what happens, but after that I feel as if I am waking up from a dream.
D: What do you feel now when you see a deity coming on you?
JM: I feel scared.

Several people mentioned that they felt scared when the deities appeared. It is probably the awe that strikes people in the presence of the sacred. When healers work with the power of deities and let them act and speak through their own bodies, the patients often feel that they are taken care of by the healers and the deities. Their sorrows and their sufferings are taken from their shoulders by the divine forces. It is the task of the healers to permit this feeling of being 'we' consisting of the deities, the patient, and the healer. During the healing rituals Jorpati Mātā is herself and also another being.

Scharfetter (1996: 72ff.) discusses five aspects of the consciousness of the I:

1 Vitality of the I: the certainty that one is a living, vital being
2 Activity of the I: the certainty that one's own experiences, thinking, and acting is determined by oneself
3 Consistency of the I: the certainty that one has a coherent life (being the same all the time)
4 Demarcation of the I: the border of one's own person
5 Identity of the I: the certainty of the physiognomic, sexual, and biographic identity

Listening to Jorpati Mātā's coments on her healing sessions it becomes obvious that some changes of the consciousness of the I take place. Especially the border of herself has become very open so that she can unite with spiritual beings. But also the activity of the I is changing: she

herself is no longer the only determining force of the actions, and her everyday experiences give way to something that she cannot put into words, something that she has no clear image of in an everyday state of consciousness so that she has to say she does not remember. Waking up from a dream means coming back from an alternate reality. She sees herself as Dolmā, the person who acts in an everyday reality, but she also sees something else, something that is even scary to her when she is not sitting on the deity's place.

Scharfetter (1996: 84ff.) further writes that in Western industrial countries changes in the consciousness of the I are found as pathological signs of various diseases. But even 'healthy' persons can – under certain circumstances – experience considerable changes of the activity and the demarcation of the I, in the sense that borders between the I and that what is outside are blurred or even dissolved and that someone feels that it is not really himself/herself who does or thinks something. This experience can be positive, feeling one with others and being part of the cosmos, or it can be fearful, being flooded by influences from outside which cannot be controlled anymore (Dittrich and Scharfetter 1987: 37ff.)[40].

The first thing that someone who wants to be a healer or is called to be a healer has to learn, is to protect himself/herself. Those healers who know mantras give the 'binding mantra', the protecting mantra to the disciples at the very beginning. Another way is to establish a close contact to protective deities by worshipping them and performing devotional rituals. The more devotion someone shows the more power he can get from a deity, and the more strength that person has got, the more he/she can be devotional to the deity. Thus, continuous practice leads to more and more convincing healing sessions.

Therapeutic Importance of Performance

Even though the morning consultations (see above) are quite short, some of the healers, like Dil Kumār for example, give special emphasis to the performance in their healing rituals. In a few minutes they transmit emotional qualities of the symbolic procedures to the patient and the audience. While looking at a video (17/04/2002) Dil Kumār comments on his impressive gestures: "When I do *jhārphuk*[41] with my methods, I imagine thunder coming in the sky, raining and lightening taking away the illness. We see it going out of the door."

During the night rituals spirits and deities come and go, some of them making noises and showing their typical behaviour. Āmā Bombo tells about Bāgh Bhairab, the angry form of Śivā in the shape of a tiger (07/02/2001): "When Bāgh Bhairab comes on me I feel relaxed, I feel as if I have entered a jungle. There I feel very peaceful. To others it may look as if it were difficult, but it is not difficult. I feel very relaxed when Bāgh Bhairab comes on me. … When it shows up then it says who it is." At a different occasion Āmā Bombo explains (27/12/2001): "When a patient cannot be controlled, Bāgh Bhairab is called. Bāgh is very powerful and it can chase away the *bir*, *masān*."

In the course of possession rituals I have seen Bāgh Bhairab come, roaring, scratching the floor with his paws, and threatening the people around him. Bāgh appears and shows his power, but he is not involved in the specific story of the patient's suffering. He comes, tells who he is, and does his duty. Then he disappears and the focus of the discussions is again on the happenings that have lead to the illness and on possible solutions. Āmā Bombo says (27/12/2001): "When deities come on one's body then they should show at least one work (what they usually do or what they can do). It is no use only coming on the body."

During some of the healing rituals also a Danuwar comes. In the possession ritual that Lakṣmī performs, a Danuwar, in that case the teacher of the wizard, gives the solution for the illness-causing problems. The Danuwars are known for their special ability to turn themselves into tigers. Thus, the actions and the sounds they produce are similar to those of Bāgh Bhairab. In addition, because people in South Nepal do not only smoke cigarettes but also eat tobacco, a Danuwar would often ask for chewing tobacco. Many of the healers in Nepal, shamans or mediums, have a Danuwar as a guru (among other gurus) or at least call on him in their invocation songs[42]. Āmā Bombo has taken over her deceased father's tutelary divinities and

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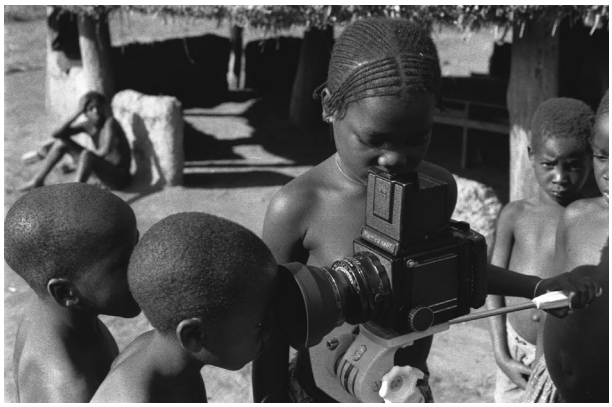
Contributions to Visual Anthropology



Our logo for this series: Azande children inspecting the camera of a visual anthropologist.
Photograph: Manfred Kremser

Mihidi's Drawings. Four Journeys into the World of Azande Witchcraft

Armin Prinz

Since Evans-Pritchard's famous works on witchcraft among the Azande, this issue has been a central theme of sophisticated discussions in anthropology. However, these discussions tend to be sterile, because his fieldwork in the 1920s has not been thoroughly reassessed up to now. To widen to the knowledge of Zande witchcraft, the use of children's drawings as a method seems to be very suitable, especially drawings which are not only to be interpreted symbolically, but which are also prepared in such a naturalistic manner that there is no doubt about their meaning.

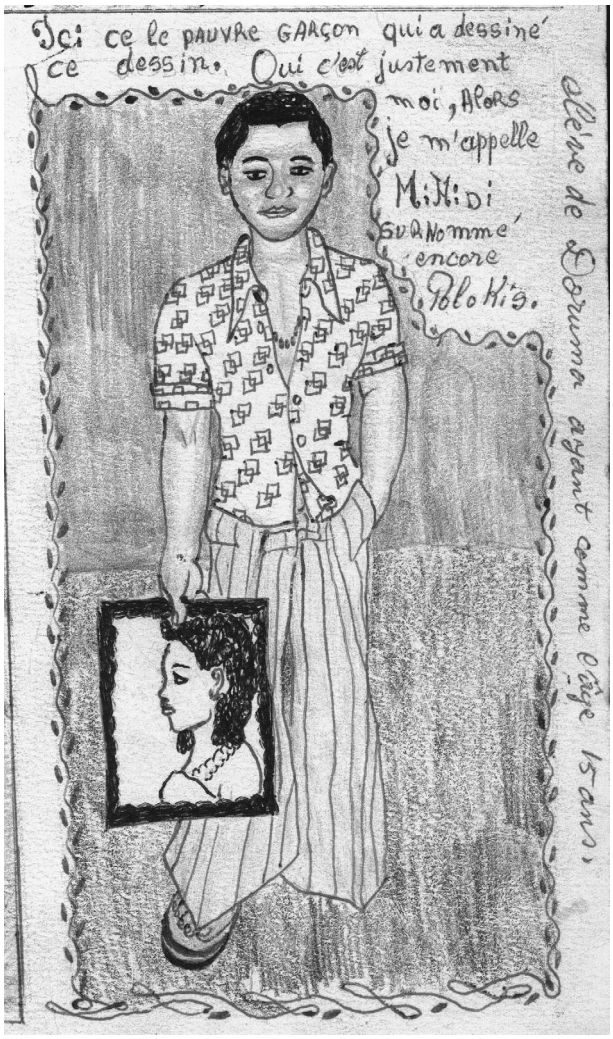


Fig. 1: Mihidi's self-portrait

In 1983 I had the luck to meet a 15-year-old boy Mihidi Polokis in Doruma, D.R. Congo (former Zaïre). He was well known as a talented drawer and he offered to do a portrait of me. When I saw it, I was so impressed by his talent that I asked him to draw above all topics linked to witchcraft. I gave him paper, pencils and coloured ball-point pens and he left for several weeks to visit his old relatives and ask them about witchcraft (*mangu)* and witches (*aboro mangu;* sing. *boro mangu)*. He returned with wonderful sketches, which not only confirm Evans-Pritchards findings but which also enable us to gain deeper insight into this belief the Azande are so famous about. I have used the information derived from these drawings in several publications (Prinz 1998, 2001) and also as a wonderful teaching method in my lectures on Ethnomedicine and Medical Anthropology.

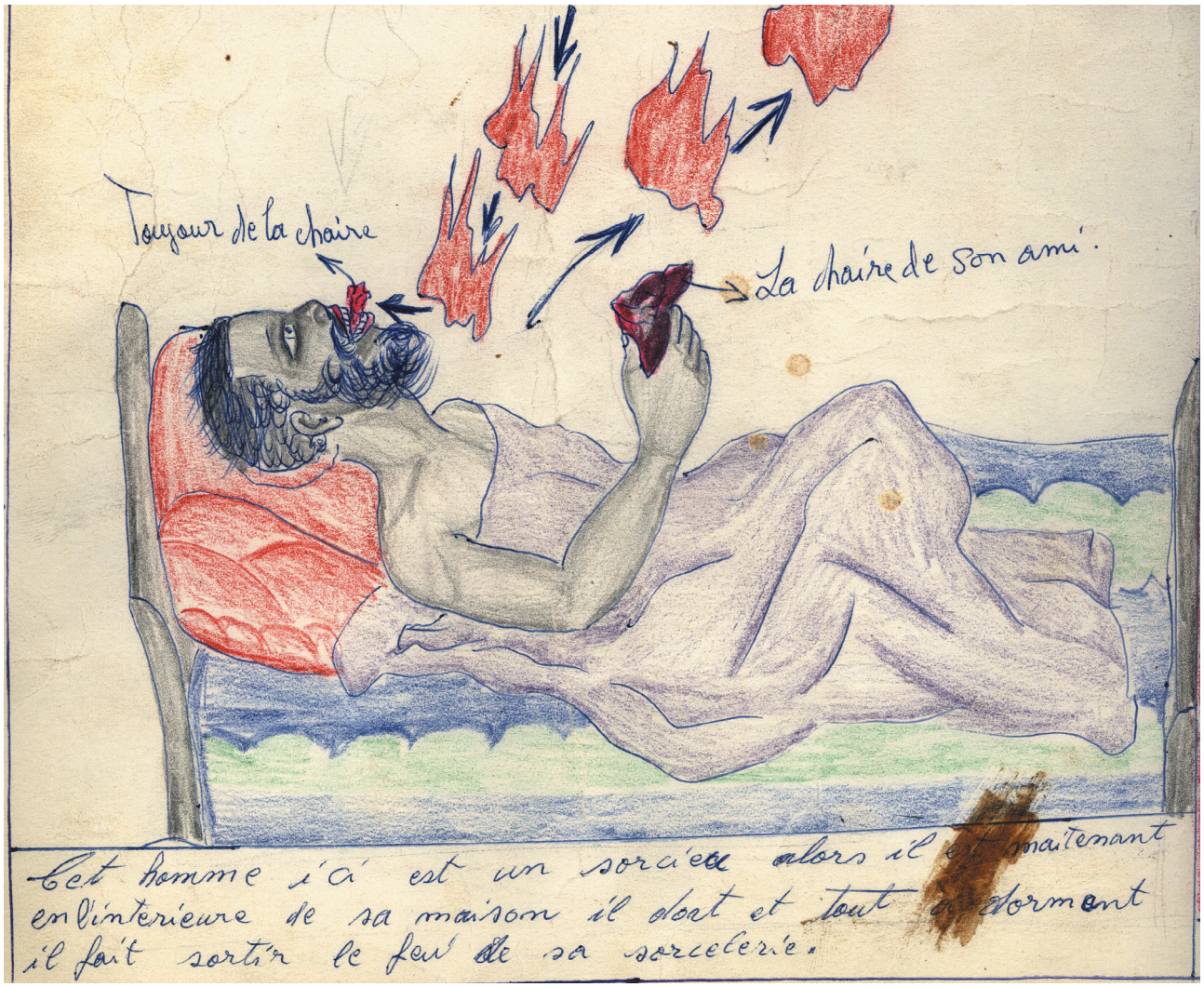
Unfortunately during my travels, which followed I never met Mihidi again, he has vanished and nobody has been able to tell me what happened to him.

In this presentation citations from Evans-Pritchard's masterpiece: "Witchcraft, Oracles and Magic among the Azande" Clarendon Press, Oxford (1937) illustrate the timeless importance of Mihidi's information.

Fig. 2 and 3: Why and how this dangerous power is activated by the *boro mangu*? (see Captions next page)

Fig. 4: How the *aboro mangu* transform themselves into wild animals? (see Captions next page)

Fig. 5: How do the *aboro mangu* eat the flesh of their victims?



Captions

Fig. 2: A *boro mangu* enters a homestead. In violation of Azande customs, the landlord refuses to invite the stranger for dinner and orders his wife to hide the food. The Azande believe that neglecting social rules is the main reason they become bewitched. "… a man will be careful not to anger his wives gratuitously, for if one of them is a witch he may bring misfortune on his head by a fit of bad temper" (Evans-Pritchard, 1937, p 117).

Fig. 3: While the *boro mangu* sleeps, the flames of witchcraft leave his body and attack the selfish landlord. After infecting him with the witchcraft substance *hu mangu*, the flames return to the belly of the witch.

Fig. 4: The transformation of witches into certain animals is a very common notion in witchcraft-belief around the world. Mihidi shows the transformation from a *boro mangu = bolo mangu* into the magical cat *dandala* by this intermediary being in the middle. Its face is half human and half catlike, its ears are growing, its skin starts to become spotted and its fingers are partly transformed into claws. From the mouth of the *dandala* the flames of witchcraft emerge to harm the victim. They are flying through the night, drop down to infect the body of the victim and return afterwards into the mouth of the witch. The laterite clearings of the Nile-Congo watershed are called *munga*. People believe they are caused by the *aboro mangu* who meet here at night.

The *adandala* are said to have bright bodies and gleaming eyes. Azande often say of these cats, "It is witchcraft, they are the same as witchcraft" (ibid, p 51). "Azande say that a man may see witchcraft as it goes to rest on branches for witchcraft is like fire, it lights a light" (ibid, p 34).

Fig. 5 and 6: The notion that witches consume the flesh of their victims is an integral part of witchcraft beliefs in Africa.

"The witch is on his bed, but he has dispatched the soul of his witchcraft to remove the psychical part of his victim's organs, his *mbisimo pasio*, the soul of his flesh, which he and his fellow witches will devour" (ibid, p 35). The witch is roasting the flesh of his victim in the heat of his witchcraft fire. As soon as he has eaten it, his victim dies. The notion that witches eat human flesh is so prominent among the Azande that the European travellers from the second half of the 19th century were certain that the Azande were the most terrible cannibals.

Fig. 7: The male nurse has opened the belly of the sick person suffering from a hernia and has found strange things in the intestines. A small earthen pot with animals in it, which are linked to witchcraft: a turtle, an owl, a snake and a toad. Millet, peanuts, cassava and rice to feed these animals are also in the belly of the witch. "I never have seen witchcraft-substance, but it has been described to me as an oval blackish swelling or bag in which various small objects are

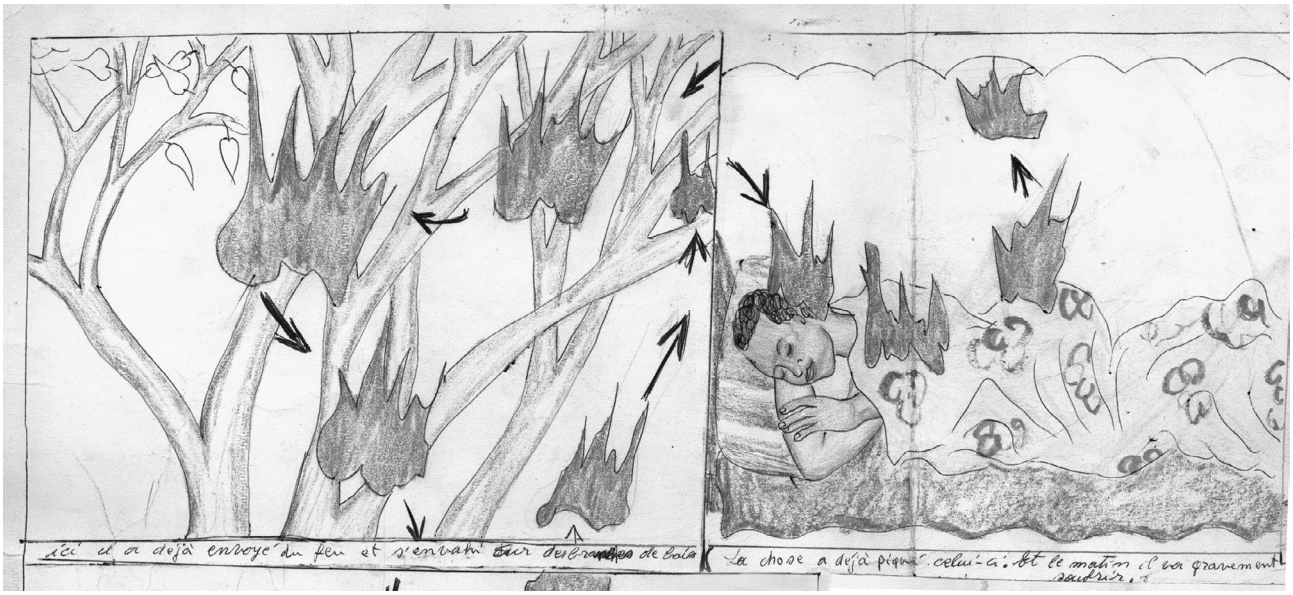


Fig. 6: The flames of *mangu* fly over the trees to enter the body of the victim.

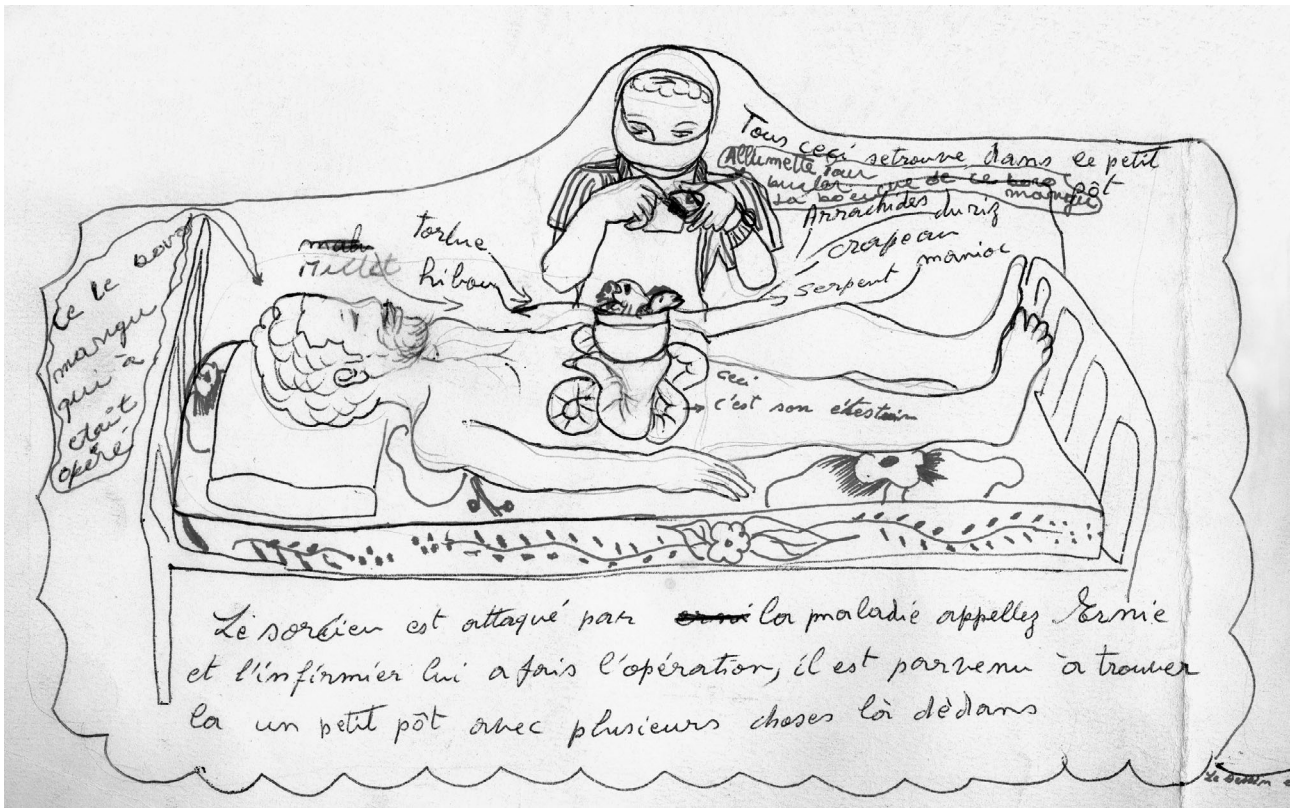


Fig. 7: Why the *aboro mangu* not like to be operated on in hospital?

sometimes found. (They contain also) seeds of pumpkins and sesame and other food plants …" (ibid, p 22). The nurse tries to set all these ugly things on fire, but he does not succeed in destroying the witchcraft organ. The result of this operation is that the patient is blamed for being a witch.

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spirits. Her father who came from the Dolakha district had worked for several years in the Terai in South Nepal to turn the jungle into fields. He was a shaman before he went there and during his stay he made friends with Danuwar healers and learned from them. Even though Āmā Bombo does not have first hand experience, her father's knowledge has been passed on to her so that she can now work with the Danuwar's knowledge.

Performance is an important part of some of the healing rituals performed by *jhãkris* and *mātās*. When the healers let deities or helping spirits come on them, the patient and the audience are reached through various channels of the sensory system: they can see, hear, smell, touch, and taste (compare, for example, Laderman 1996: 116). In some of the modern Western psychotherapy methods, like imagery, the involvement of all sensory systems is emphasized. But in imagery, experiences are only on a mental level, whereas in traditional therapies in Nepal also physical stimuli are used to influence the processes that go on in the patients. Furthermore, in imagery therapy the patient himself/herself has to produce the symbolic drama with its impact on the sensory modalities in his/her own mind, rather than having the opportunity of being overwhelmed by the healer's performance. Briggs (1996: 187) emphasizes that the collective role of music, language, gesture, and the use of objects, touch, and smell leads to a very special experience for the patient. Desjarlais (1996: 159) argues that "ritual sentience, by whetting the senses, helps to renew a villager's felt participation in the world".

At some time I started to wonder what the healers thought how someone could turn into a tiger. Jit Bahādur also invokes a Danuwar guru and says that he gives a special power to protect oneself against enemies. While looking at a video we had a little conversation about the Danuwars (23/12/2001):

Dagmar: I have heard that Danuwars can turn themselves into tigers.
Jit Bahādur: Yes. In earlier times Danuwars turned themselves into tigers and roamed around in the Terai.
D: Can they still do it?
JB: They have the mantra to do that. But for doing that one has to have the power (to make the mantra effective); one has to do a lot of meditation.
D: Is there still someone who can do it?
JB: Yes, there is someone in Baluwa[43]. I have been with many Danuwar gurus since my childhood days. … They say a mantra and draw a picture of a tiger on the ground. When they jump into the picture, they turn into tigers.
D: How do they become humans again?
JB: Before turning into tigers they have to blow a mantra over some rice and give it to a person they trust. If the rice is scattered over them then they will become humans again, otherwise they will remain tigers for the rest of their lives.
D: Can you yourself turn into a tiger?
JB: If I am perfect in that mantra, then I can do it.

Like in most of our conversations Jit Bahādur emphasized the importance of the mantra, but in order to make the mantra work one has to practice and reach a state of perfection[44]. The mantra alone does not give the desired results. Practice is needed to eliminate the physical and mental obstacles (Zarilli 1990: 131).

Chetri Mātā who does not use any mantras says (26/12/2001): "The deities (and spirits) come in different appearances. When they come they have their own ways. When Śivā comes he has his own way. And when *nāg*[45] comes it crawls on the floor; the hands and legs become twisted, and I fall on the floor."

In any case, the healers' accomplishment is the basis for a good performance that leads to the transformation of the patient. By means of performance healers are able to restore harmony to both humans and to the universe (Laderman 1996: 124). According to Zarilli (1990: 142) there is a "fundamental identity between microcosm and macrocosm, the individual self and the universe: a person can become one-with and join-with; there is no object set against the subject". Deities and spirits come on the shamans and the *mātās*. It does not mean that the healers are acting in the sense of voluntarily wishing to be someone else. In an altered state of consciousness they get into close contact with other forces, and the boundaries between them and the other forces become extremely

permeable – like in the case of Jorpati Mātā who sees herself as being 'I' and 'not I' at the same time.

A healer's performance during a ritual helps to change a patient's experience and his/her ability to come to terms with the problems in everyday life. Zarilli (1990: 146) summarizes the effect of deities and spirits possessing healers, acting through them, and thereby transforming the psychosocial reality of the patients: "Asian performance is founded on the assumption that the world constituted in performance is not separate from the world outside the performance."

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Notes

[1] I thank the Austrian Fund for the Advancement of Research and Science for the generous financial support to conduct this study (project number P 14757-AWI).

[2] We cannot confirm the findings of Gellner (1994: 31) that people tend to look for a healer that comes from the same ethnic group.

[3] The Newar people are the indigenous inhabitants of the Kathmandu Valley. They are the people seen in the greatest number in the capital city, and they are found in great numbers in every market town and village in the outlying districts. They are small shopkeepers, big businessmen, farmers, craftsmen, and artisans, both Buddhist and Hindu (Bista 1967: 16).

[4] The Chetri are a high caste Hindu group, speaking an Indo-Aryan language, and are widely spread throughout Nepal (Bista 1967: 1ff.).

[5] Nepali: *jānnu* = to know

[6] where she is called for treatments sometimes
[7] For other stories about *banjhākris* see also Peters 1998 and Conton 1999.
[8] See, for example, Eigner 2001a and Mastromattei 1995.
[9] This is the way he writes his name on his visiting card, therefore we use the same transcription as he does.
[10] Nepali: *jokhāna*
[11] malevolent spirit
[12] king of serpents that causes illness when someone has polluted his area
[13] putting illness-causing herbs in the food
[14] *phukne* = blowing mantras over the body of a patient; *jhārne* = brushing away the illness
[15] approximately one pound
[16] garland; different *mālās* are of great importance in traditional healing in Central Nepal
[17] spirit that lives on cremation grounds or on river banks
[18] Nepali: *japnu* = meditating and getting into close contact with spiritual beings (e.g. tutelary deities) by counting the beads of a *mālā*
[19] Nepali: *jal*
[20] on March 13, 2001
[21] Nepali: *kuco*
[22] it makes people very thin
[23] the person who has raised the spirit
[24] Āmā Bombo first addresses the evil spirit and then talks to the patient. These changes also reflect the course of the ritual during which at some times the spirit speaks through the patient's mouth, sometimes the witch and at other times the patient talks from his/her own point of view.
[25] the illness-causing agents
[26] the shamans; later Āmā Bombo says clearly that the gurus do this work
[27] spirit of a person that has died an unnatural death
[28] Even though a preliminary diagnosis is given before the healing ritual, it will only be confirmed (or not) after the psychosocial problems have been talked about.
[29] To ask about the children of a person (how many sons and how many daughters, their age and their names) is a typical way to try to find out the identity of a person.
[30] The god Hanumān is the king of the monkeys.
[31] member of a small ethnic group living in the plains in South Nepal
[32] It has been mentioned before that there are altogether six witches/wizards who trouble the two sisters and their family.
[33] The exact number is not considered to be important.
[34] Nepali: Bhagwān = God. Because deities come to the healer her place is considered to be a sacred place.
[35] This is a famous picture that is available in most of the stores selling posters.
[36] which would be an insult to the deities that Jorpati Mātā is in contact with
[37] doing the healing rituals with the help of her tutelary deity
[38] There are also other food restrictions about which she was not very specific.
[39] Jorpati Mātā took up the profession of a healer after her husband had passed away.
[40] German: 'ozeanische Selbstentgrenzung' and 'angstvolle Ichauflösung', respectively
[41] brooming out the illness; Nepali: *jhārnu* = to bring down; to treat an illness by spells and incantations; Nepali: *phuknu* = to blow; to come undone
[42] Another spirit that is part of many invocation songs is Chepang guru. For detailed information see Riboli 2000.
[43] a Danuwar village
[44] Nepali: *siddhi garnu*
[45] king of the serpents

Infertility as a Social Experience

Hwiada Abu-Baker

Introduction

What role can medical anthropology play in the study of biological phenomena such as fertility and infertility problems? In a field of research which demands a multi-disciplinary approach, a possible method is to relate the factors and cultural dynamics of fertility and infertility to human agency on the basis of relevant empirical case studies.

Indigenous people[1] with their traditional beliefs have very strong medical models that are related to fertility and infertility problems, the images and symbols of which are reflected in their thought and health seeking behaviour. However, the scientific definitions of infertility which are accepted by the international scientific community do not reflect the definitions of infertility of traditional communities. It is therefore crucial to study the culture and material conditions of individuals and groups that contribute to the definition of fertility and infertility. This is not intended to be a criticism of the scientific definition of infertility, since many of these definitions are important in their own right, particularly if we consider infertility as a biomedical phenomenon. The aim of this paper is therefore to show different perspectives of how indigenous people define infertility.

The basic data for this article is limited to five Sudanese women and represents their perception, knowledge and experiences. Fieldwork took place between July 1998 and February 1999 in the poor urban communities of

Omdurman. Observations, intensive interviews and home-visits were the techniques used to study the phenomenon under investigation.

Definitions of Infertility

The problems of the international scientific definitions of infertility can be dealt with on several levels. I will, however, limit my remarks to two aspects. The first aspect is the biomedical level, to discuss the problem of scientific definitions in biomedicine and to outline the context. The second aspect is an ethnographic account of a small-scale society (poor urban communities in Omdurman): I will provide empirical examples of how infertility is considered by the indigenous community.

Problems with scientific definitions of infertility include the lack of a uniform definition. On the one hand absence of standard definitions can be perceived to hound research on infertility. From a biomedical point of view, infertility, childlessness or sterility generally refers to the inability of couples to conceive or bear children when desired. However, there tends to be some variation in the specific definitions adopted by clinicians, demographers and other researchers. Furthermore, definitions used by them have no relation to how indigenous communities perceive their ability or inability to conceive and give birth to children.

Variations occur largely in:
(1) The reference period used in relations to infertility; and
(2) The nature of symptoms which are identified as "infertility" problem.

(1) The reference period used to identify "infertility" varies from one definition to the other. For example, the World Health Organization (WHO) definition, drawn up by a scientific group on the Epidemiology of Infertility (WHO 1991) has used a two-year reference period.

Infertility can be primary if the couple has never conceived despite cohabitation and exposure to pregnancy (no contraceptions are used) for a period of two years; primary infertility is also referred to as primary sterility. Infertility can be secondary, if a couple fails to conceive following a previous pregnancy, despite cohabitation and exposure to pregnancy (in the absence of contraception, breast-feeding or postpartum amenorrhoea) for a period of two years; this is also known as secondary sterility.

While WHO defines infertility as failure to conceive despite two years of cohabitation and exposure to pregnancy, many studies adopt their own definitions. A community-based study in Egypt identified one year of unsuccessful efforts to conceive as the criterion for infertility (Okonofua 1996). In contrast, community surveys measure infertility in terms of childlessness (Singh 1996, Fuentes 1994). Childlessness is defined as couples who had not given birth by the time of interview, despite at least five years of cohabitation and exposure to pregnancy and in the absence of contraception, breast-feeding or postpartum amenorrhoea. Unlike couples with primary infertility, childless couples are also defined as those who have successfully conceived but failed to deliver a live child. Similarly, secondary sterility in these studies refers to couples having difficulty bearing a second child despite five years of exposure.

As it appears from the above definitions, there is great variation in the reference period used to define infertility. Moreover, there is a clear disregard of the nature of symptoms, which identify "infertility". I do not assume as such that a definition should include "these symptoms", however the two categories of definitions referred to some general symptoms such as contraception, breast-feeding and postpartum amenorrhoea. Another aspect is that the two categories of definitions do not provide a clear-cut conclusionof whether infertility is "childlessness" or failure to deliver mature birth. Each of these categories has its own diagnosis and remedies. The question that arises here is: What if normal conception and delivery takes place after the above-mentioned period?

(2) Definitions of infertility ignore the cultural perception of the problem of infertility. The American Society of Reproductive Medicine (ASRM) has agreed on that: Infertility is a disease. The duration of the failure to conceive should be twelve or more months before an investigation can be undertaken unless medical history and physical findings dictate earlier evaluation and treatment.

Dorland's Medical Dictionary has defined infertility as:
"Any deviation from or interruption of the normal structure or function of any part, organ, or system, or combination thereof, of the body that is manifested by a characteristic set of symptoms or signs, and whose etiology, pathology, and prognosis may be known or unknown". (Dorland's Medical Dictionary 1988: 481). This definition has been approved by the Practice Committee of the American Society for Reproductive Medicine (formerly the American Fertility Society), (March 27 1993), and approved by the Board of Directors of the American Society for Reproductive Medicine (July 17 1993).

Community-based researchers also provided some definitions for infertility:
Ragone (1994:13) has defined infertility as, "… The Inability of a heterosexual couple to produce a pregnancy after one year of regular unprotected intercourse". Inhorn 1994 in her study of the Egyptian low-class women in Alexandria defined infertility as "… Failure of women's body machine to nurture men's fetuses" (1994: 15).

While being more representative of the causes and socio-cultural aspects of seeking remedies to infertility, community-based studies are limited in terms of insights into the patterns of how societies define infertility. In this category, the definitions underestimate the importance of understanding the symbolically rich complex of different patterns of "infertility". The consequence of this is the absence of a concept how different cultures consider different infertility patterns.

Why these Definitions Do not Suit how the Indigenous People Define Infertility?

When analysing the problem of infertility from a social point-of-view, three aspects are to be noted in relation to international definitions. First, the continuous role that biomedicine plays in dominating the social and cultural dimensions of communities and in generating universal definitions accordingly. Second, the international definitions are incapable of encountering different socio-cultural practices and thus to formulate inclusive definitions. Considerations which are ignored in international definitions are: the varying contexts of fertility symbolism, and the possibility of intercultural diversity to broaden the meaning of infertility. Third, international definitions emphasize infertility as a disease (as is defined by medical experts) rather than as an illness (as is experienced by people suffering from it), it ignores infertility as a sickness (that is the role attached to infertility and the patient by society at large) (Kleinman 1980).

In the following discussion I will focus on the above three aspects in analysing the definitions of infertility.

1. The tendency of biomedicine to play a leading role in knowledge dissemination is still important in structuring the medical view with the exclusion of its social counter parts.

Social sciences always claim that psycho-cultural or motivational factors are of great importance in considering any aspect that is directly related to people's lives. Anthropologists have noted the mystical process contributing to fertility and infertility problems in different societies. Secret rites and witchcraft are all known to be used by human beings and target their fertility ability either directly or indirectly. The symbolic use of parts of the human body (Prinz 2001) and blood, for instance (Delaney: 1988)[2], are often mentioned, and indeed confirmed by observers.

Furthermore, communities perceive and treat male and female's infertility differently. …"When a pregnancy fails to materialize in Zimbabwe, women are always blamed. Fertility is highly prized. … Women without children suffer social rejection and are made to feel personally inadequate. Male infertility, on the other hand, is a taboo subject, to be concealed at all costs. Covering up for men is usually done through a traditional practice called *chiramu* which involves the *clandestine* bringing in of the husband's close relative (usually a brother) to impregnate the wife (Sue Njanji 1998).

Studies in the Middle East revealed how women in Northern Sudan (Boddy 1989), in Alexandria in Egypt (Inhorn 1994), in rural Egyptian communities (Morsey 1978; Abu Lughod 1993) and in Wadi Halfa in southern Egypt (Kennedy 1978) protect their fertility against what they collectively know as the *musharah* or *kabsa*[2] by

avoiding the sight of blood when they are in their postpartum stage.

The postcolonial state of Africa for example inherited a weak institutional structure, and the political elite that took over this state did not successfully deal with this heritage. As such there is a failure in establishing a wide constituency for a solid economic foundation to inlude a wide range of health systems. Consequently, in situations of scarcity members of a community quickly retrieve to their own medical practices that originate from their own traditional medical methods. These systems often constitute the belief in the disease and its causes, the illness, the healer and the medication. Thus, definitions described by biomedical systems do not include alternative visions of local medical models and practices are not applicable to the indigenous people.

2. Nowadays, medication-seeking behaviour among indigenous people in Africa for example is based on the role of ethnicity and its constructions. In this respect culture and 'ethnic kinship' are turned into a collective identity whose beliefs, customs and traditions dominate the ethnic cultural medical model. An example of this is that among the Hadandowa of Sinkat in eastern Sudan, visiting Sitty Mariam shrine is an important place of pilgrimage for infertile women to be blessed and (hopefully) seek remedy.

Focusing on the epidemiological or demographic aspects of infertility provided by the definition disregard the way in which communities understand fertility and infertility. Thus, the psychological impact of infertility on women in community-based research remains underestimated. As a result, infertile women in poor communities are little known social "actors". The results of the research showed that there was a specific kind of cultural patterning of medical mode in the community-based research.

3. Part of the social aspect of infertility is that there are several stages of infertility before the patient describes the symptoms to a physician. Among the indigenous community in Omdurman infertility involves public discourse among people in the same community and private discourse among those sharing the same problem. Public discussion that takes place among the community members involves how they socially construct infertility and its causes. Private discussions occur among people with the same symptoms and involve sharing experiences in seeking a remedy and improving health, the best healers to be approached and ways to deal with the problem. In the following part I will try to identify different meanings that societies attribute to infertility referring to the action-oriented reseach among five "social actors" in the poor urban communities of Omdurman.

Drawing on their narratives, it seems that among women in the poor urban communities of Omdurman, the body is never considered a cause of procreation problems or a source of infertility. Women attribute causes of their inability to procreate to phenomena outside their own body. In the first pattern of response the social actor relates infertility to child mortality. As such, from the social actor's standpoint procreation disorder is attriuted to a woman from the *Fallatah*[4] group, who is accused of inducing an evil effect of the "hot eye"[5] into the child's body and rendering it dead. For the second social actor, inability to conceive was identified with infertility and was caused by her brother who bit her violently on seeing her in a public place with her girl friends. From her point-of-view the second social actor traced being infertile to being exclusively a woman's fault, "… My husband?" She asked me surprisingly when I suggested? that her husband might have been the cause of the problem, "… But, inability to conceive is the woman's responsibility. The man has nothing to do with this problem … only if he is impotent". The third social actor attributed the one year period of her marriage without being able to prove herself fertile to the *amal*[6] brought into being by the co-wives because of their malicious feeling against her. The fourth social actor attributed causes of fertility problems to the notion of sequentially giving birth to handicapped children. Infertility here is causally related to the *sibir*[7] action which is inherited through the husband's line. Another pattern of response is the inability to give birth to a son which likewise is identified as infertility, or more precisely "son infertility". Thus, the fifth social actor mutilated the *shillukh*[8] in one of her seven daughters' face in an attempt to destroy an unknown cause leading her to give birth to a girl every time she conceives "from her womb" to the daughter's face.

These various aspects of causes of the problem of procreation as the narratives reveal lead to the discussion of how each social actor defines reproductive problems, procreation inability or fertility disorder vis-à-vis internationally accepted definitions.

There is no clear boundary of where reproductive ill-health stops and reproductive health starts among the community of women in Omdurman. Moreover, reproductive health, which may have nothing to do with the physical body, is identified with infertility. What internationally recognized definitions of infertility have in common is that they belie the complexity and indefiniteness of infertility since its causes are not clearly recognized, its aetiology not definitively understood, its diagnoses are hidden and its remedy is unpredictable. In everyday language Sudanese women collectively use the word "infertility" to account for the inability to conceive and give birth to a child. However, as this study reveals, this pattern is only one aspect of the problem. The homosocial[9] pressure in the community perceives and includes a wide spectrum of symptoms under the concept of "infertility". Through the social actors' interviews in Omdurman it is revealed that inability to conceive a baby boy or "son infertility" is considered "infertility". Inability to give birth to normal children due to the *sibir* problem corresponds to the normal ability to give birth to children and again is regarded an aspect of infertility. Continuous miscarriages and inability to complete the pregnancy are also identified as aspects of infertility. Immediate death of the baby "due to the effect of the evil eye" is again evidence of how infertility is defined by the community. Thus, inability to reproduce, "complete physical, mental and social well-beings of the reproductive system" are not the correct definitions how infertility is perceived by different community members. None of the social actors is infertile in the sense explained by the internationally recognized definitions of infertility. A woman can be fertile in Ragone's or Inhorn's eyes, yet she may still be "infertile" as seen through the eyes of the community of women in Omdurman. Fertile women are homosocial. As a group, they are coherent and regard themselves as different from "the others" who are „infertile". This fact is expressed by the fertility indicators as viewed by the community and added to their relative definition of infertility. Therefore, I would prefer to refer the phenomenon under investigation as fertility or a reproductive problem rather than infertility. Consequently, it can be drawn from information from the social actors that fertility problems are defined as problems related to reproduction among a portion of the women population with the resulting social construct added to shape this definition. I cannot assume to define how "infertility" is recognized based on the viewpoints of only five social actors in relation to Sudanese women. Yet, based on the patterns of responses to fertility problems are: the ability of the adult female, as soon as she is involved in a sexual relationship to induce fertilization, to conceive a healthy foetus for nine months, to protect the infant from any "evil" (that threatens its life) and to give birth to a son.

How Can Understanding the Social View of Indigenous People in Infertility Help?

Understanding how different communities define infertility helps to approach the problem on two levels:
1. The level of the health providers.
2. And the level of research in infertility

1. The general focus of health providers in serving communities has been on the determinants and correlates of high fertility rather than on the levels, causes and consequences of infertility. The sparse information we have on the levels of infertility comes as a by-product of information on fertility rather than from research specifically designed to assess the context of infertility. We need to comprehend the problem of infertility on the microlevel before universally defining it. Increasing minority representation in the health care field is one way of ensuring a more diverse workforce that more effectively represents cultural and ethnic diversity.

Understanding different perceptions of the awareness[10] of infertility and fertility has some advantages:
a. Assisting biomedicine to access communities who do not believe in or have minimum access to biomedicine.
b. It can also help biomedical campaigns in approaching communities and interacting in an effective and acceptable way, such as giving couples the knowledge they need.

c. It can be directed to dispel local beliefs that infertility is always the "woman's fault" or to understand why different community members hesitate to approach biomedical clinics.
d. It can as also help community members to understand how to prevent and seek early treatment for sexually transmitted diseases (STDs) (Fiander 1990).
e. Many minority groups are still under-represented at all levels of the communities. In light of this, health care professionals of the future will try to access and provide care to populations whose characteristics differ significantly from those who believe in biomedicine clinics and visit them, thus insuring a higher level of societal integration.

By understanding the influence of culture on describing "infertility" and showing sensitivity and knowledge of the patient, health culture and other related norms, beliefs, and practices, health care providers can build up trust and confidence with their patients. A trusting and well-informed patient-provider relationship can be effective at bridging the cultural gap that may prevent poor women from seeking necessary preventive and curative care in a health care system that is unfamiliar to them.

2. Both biomedical and community definitions of infertility relied exclusively on quantitative and cultural relative diagnosis (Inhorn: 1994, Delaney: 1991, Ragone: 1994, Sandelowski: 1993). Yet, the fact that little is known about the particular factors that may be causally associated with infertility makes a qualitative focus and an in-depth case study design equally important. For example, an in-depth study of infertility in Egypt obtained critical insights into culturally specific determinants of infertility through ethnographic methods. Insights thus obtained were then used in the design of a standardized questionnaire, which itself contained a series of open-ended questions (Inhorn and Buss: 1994, 671-686).

Infertility affects both men and women's well-being. Community-based studies revealed that infertile women often seek health through the indigenous healer of the community under investigation (AbuBaker 2000; Egyptian Fertility Care Society (EFCS) 1995). A major limitation of community-based investigations is that they are unable to shed light on the outcome of treatment for infertility through indigenous healers in terms of successful subsequent fertility. Furthermore, little is known about the characteristics and the kinds of services received, expenses incurred and time spent in such treatment. Part of the understanding of how communities define infertility is to study its immediate and background causes and correlates. Consequences of infertility in terms of health and health seeking behaviour, marital disruption and relations, emotional harassment can also enlighten health providers on how to access community members.

Conclusion

There is little reliable information on the levels, patterns, determinants or consequences of infertility as experienced by community individuals. On the one hand international scientific definitions of infertility are limited to the amount of time that passes for partners without being able to procreate. On the other hand for indigenous people there is a different definition to the word "infertility" and what causes it. Data that relates to how indigenous communities define infertility is significant in the sense that it helps to understand the health-seeking behaviour of the infertile individual and the criteria by which the patient seeks health and identifies treatment.

Infertility starts as a social and cultural problem in indigenous communities, particularly in Third World countries, before it is identified as a medical phenomenon. Therefore any serious consideration towards understanding its causes and possibly remedies requires that attention should be focussed on the relation to culture and biology from the part of the health provider.

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Notes

[1] The term is described by the International Labour Organization's Convention 169 on Indigenous and Tribal Peoples in Independent Countries. The Convention describes indigenous people as the residents of independent countries whose social, cultural and economic conditions distinguish them from other sections of the national community, and whose status is regulated wholly or partially by their own customs or traditions or by special laws or regulations. I use the term to refer to community members who have little or no access to biomedical services and who still stick to their beliefs and customs in seeking health (I.L.O.: 169: 1989).

[2] Delaney 1988 found out that the Turkish consider that menstrual blood flows from inside of the body to the outside of the body to the outside, as such it exhibits a power of that it contains noxious elements. These elements are released into the air, where they have the power to penetrate bodily boundaries and bring about miscarriage or deform the fetus.

[3] Many work are done to explain the phenomenon of muharah or kabsa, as it is known among the Sudanese women, in the Arab world and the Middle East. Example of these works are Kennedy 1978 in relations to the Nubian culture in upper Egypt and Inhorn 1994 in relation to the Sudanese women in Northern Sudan. According to El-Tayib defined Musharah in relations to the Sudanese society as "inexplicable ailments to which a pregnant woman was exposed and which would cause miscarriage or difficult birth if not treated and dispelled at once(1955:11).

[4] The *fallatah* is an African ethnic group.

[5] The "evil eye" is known among the Sudanese as "hot eye" and it is the magical power to injure or harm people by looking at them. It is unintentional and may cause harm by praising and looking enviously at the victim by someone who possesses the ability of the "hot eye".

[6] Literally means deed or practice. In the Sudanese local language it refers to a form of black sympathetic magic and category of diagnosis used by the *sheikh* or as the community calls him the *fakih* (that is the healer using Islamic methods of healing)

[7] In certain families, the pregnant woman's husband must not carry out some acts such as killing a creature or slaughtering animals, on the performance of such deeds deformity appear in the prospected child the same way the father does to the creature. The forbidden act is known as the *sibir*.

[8] Facial scarification conducted by certain tribes in the Sudan on the girl's face.

[9] In this context, I refer to the spectrum of beliefs, attitudes, loci, signs, desires, and practices of the women group. Homosociality specifically means the dynamic of a group of people of the same sex who socialize together.

[10] While working in rural Turkey, Delaney found out that rural Turkish women believe on a monogenic theory of procreation, that is men are seen as "planting the seeds" which carry the substance of life in their sperms while women are imagined as "fertile fields" in which these seeds are nurtured. Thus, children are the product of men not women (1991: 67).

Forthcoming Congresses

3rd Symposium "Migrationspsychiatrie" in Klinikum Nord/Hamburg-Ochsenzoll.
Contact: Dr. A. Mossler-Schelling Tel. ++49-40-52712452

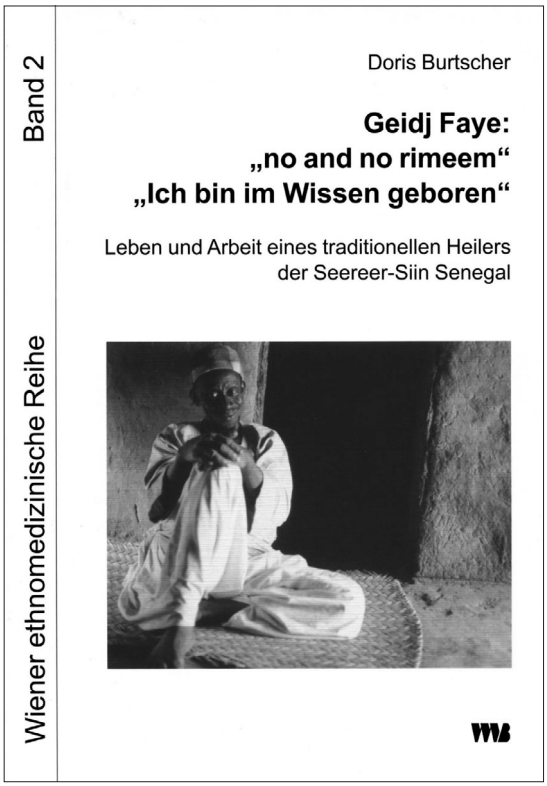
5th Colloque Européen d'Ethnopharmacologie in Valencia, Spain, May 8-10 2003
Indigenous knowledges and practices related to curative natural products, indigenous uses of the medicinal plants, their diffusion, scientific studies on indigenous plants, institutional and extra-institutional projects of the study of traditional floras, legislative aspects. Contact: Instituto de Historia de la Ciencia y Documentación, Universidad de Valencia, Blasco Ibánez, 15, E-46010 Valencia, Espana. E-mail: ethnofarmacologia@uv.es, http://www.uv.es/ethnopharmacologia or http://ethnopharma.com

Weltkonferenz der Ethnotherapien, Rituale der Heilung (Worldconference on Ethnotherapies, Healing rituals). München October 11 – 13. 2002.
Contact: Ethnomed-Institut für Ethnomedizin, Christine B. Gottschalk-Batschkus, Melusinenstr. 2, D-81671 München, Germany, Tel. & Fax: ++49-89-40 90 81 29, e-mail: ethnomedizin@web.de

Séminaire d'ethnomédecine soins du corps, santé, maladie, malheur analyses ritualistes d'évènements, à partir de corpus vidéo Alain Epelboin (CNRS-MNHN) et Jean-Louis Durand (CNRS) Avec la collaboration d'Annie Marx (CNRS-MNHN) et de Mireille Gruska (CNRS-MNHN. Nouvelle Salle Auguste Chevalier, 43 rue Buffon, 75005 Paris. Eco-anthropologie et ethnobiologie, USM 0104 - FRE 2323 CNRS Departement hommes, natures, societes, Museum National D'Historie Naturelle. Jeudis 16 Janvier, 27 Fevrier, 20 Mars, 24 Avril, 15 Mai 2003. 11 h à 16h, 12 h 30 à 14 h échanges dînatoires sur place (on peut apporter son manger). Le programme précis vous sera adressé ultérieurement. Il est basé sur les films et documents publiés à Santé, maladie, malheur, centre de publications audiovisuelles anthropologiques (CNRS-MNHN) depuis 2001, par les auteurs suivants. Natacha Collomb, Alain Epelboin, Sophie Epelboin, Andréa Grieder, Hélène Pagézy, Luc Pecquet, Laurence Pourchez, Ahmed Rahal, Antoine Tracou, Florès Sossah, Maria Teixeira. Cette liste d'auteurs n'est pas définitive: la présente annonce est aussi un appel à communication de films, documents et "vidéo grises".
Propositions, inscriptions epelboin@mnhn.fr / (0)1 40 79 34 29 / 34 31

Book Reviews

Doris Burtscher, *Geidj Faye: "no and no rimeem" (Ich bin im Wissen geboren)*, Berlin: Verlag für Wissenschaft und Bildung. Wiener Ethnomedizinische Reihe, Band 2, 2002, 286 pp.



Louis: "Do you see those people over there, for nothing in the world they would do the work of a healer, they are looking for things in traditional medicine that concern the soul and the community that fail them in modern medicine" (translation mine). Louis has worked together with the anthropologist Doris Burtscher in research on 'traditional healing' of the Seereer-Siin in Senegal. He was referring to "European" people and other who do not find their satisfaction in biomedicine and look for other possibilities.

Burtscher's book is an in-depth study of the life and healing practices of Geidj Faye, a traditional healer in the Seereer community of Senegal. The detailed research on his practices, history and life offers the reader insight in the complexities of traditional healing against a sociocultural, religious and professional background. The study is not a nostalgic journey into ways of healing 'that fail [Western persons] in modern medicine'. It may be considered as a contribution to the discussion on the relation and cooperation of indigenous and biomedical healing; a sometimes intense debate in which interests, intentions and power are at stake. However, Burtscher's ethnography does not have this "rhetoric". The author states that deep knowledge is necessary for a meaningful cooperation between the two ways of healing. She has

written an authentic report with an emic view. Her aim was to preserve what would be lost: healing that is patient-centered. Besides, the author argues, cooperation between biomedicine and indigenous medicine is only possible when we study (in-depth) the views on health and illness and when we have knowledge about people's illness explanations. And last but not least, the authors hopes that she has contributed to an approach that respects indigenous healing.

Burtscher offers the reader an extensive portrait of the healer; his life story, everyday life, religion, his hopes, fears and dreams. The author shows how Geidj Faye sees himself as a healer and how he explains illness, misery and misfortune. Burtscher describes how he heals and with what. The strength of her book is that she makes clear how deeply involved she was in the life of a healer and in this way obtained a deep understanding of ethnomedical practices. Therefore, the author has written a chapter on fieldwork, in which she discusses the problem of 'the art of anthropological fieldwork'. Like many of us when we started fieldwork she was sent into the field with the advice to have her own experiences, because fieldwork would be something, which cannot be learned. Fieldwork, the author states, is not only a way of data gathering; it is interaction between the researcher and researched. In her case it was also the interaction between the interpreter and herself. Her relationship with the healer was characterized by trust and mutual profit, even when the healer did not always like it when Burtscher was present. She describes an example of her visits to the healer's house; as soon as her car was parked under the mango tree, several curious people would visit the house. They had to have food and one can imagine that the healer was not always happy about this. The researcher's advantage was that she could speak with the visitors about indigenous healing.

Because the author had decided to focus on one healer, the relationship between her, the healer and her interpreter became very close, so that she had repeatedly to rethink the problem of distance versus closeness. We do not have many studies in modern medical anthropology that focus on one person. What could be the value of such a study in a broader context? Burtscher herself contextualises the ethnography of the healer. She argues that although the Seereer have different options of health care, 86% of them prefer to be treated with indigenous medicines and ways of healing. We gain understanding of the importance of the healing system when Burtscher describes and analyses the socio-cultural and religious background of the healer and compares his practice with that of other healers.

Geidj appears to be a sensitive, somewhat altruistic man, for whom healing is more than his healing activities. It seems to be a way of life. He calls himself a man who prays, because as he says one does not say that one knows. He does not work for money, he wants to help people. He is respected by his community. He started to learn the profession of healer at a young age, when he worked with his father. Geidj comes from a family of which the members have always fulfilled a special role in the community. He learned form him about plants and herbs; he also learned how to heal. Geidj mainly works with prayers, plants and massage. For his living he works on the land and has some cattle. Religion plays an important role. Burtscher describes the religion of the Seereer; monotheistic, Islamic. The Seereer have one god. The pangool is the main connection between the god and the people, between the living and the dead. The Seereer also know ghosts – jinni and kuus – that come from the bush and can make people ill. Geidj, the healer, is an exception among the Seereer. Some healers work with pangool, jinni and kuus, Geidj does not. His parents did not give much attention to the traditional beliefs. Besides, the healer tries to avoid the pangool and the ghost as much as possible. His worldview and the view on illness, however, are influenced by religion. He distinguishes illnesses of god and illnesses of human beings. His knowledge about the human body is remarkable. He distinguishes between medicine of the black skin (indigenous healing) and medicine of the white skin (biomedicine). If his patients have to follow a biomedical treatment, Geidj will not go against it. He argues that people can follow both, the biomedical and indigenous therapy.

Burtscher describes the medical knowledge, the knowledge of the body, the view on health and illness and the illness classification of Geidj mainly in his own words. It has to be appreciated that she does not make any attempt to "translate" Geidj explanations into western words and categories or nosologies. Burtscher has succeeded in providing a real emic approach of traditional medicine. In words and photos the author shows how Geidj heals, his view on health and illness, his knowledge of the body and his motivation. He is known in a wide circle. Mostly the healer treats people from his village, but several people from the towns would come to consult him. The healer gets his own medicines from the surrounding trees and plants; he prepares and stores them. The reader almost feels how the healer works.

Burtscher's book is full of rich details that come together in the final part of her book. In this part, the author places her ethnography in the context of several issues that are important in the discussion on the relationship between traditional and modern healing. Firstly, the issue of the relationship between healer and patient/family. Burtscher concludes that this relation (of trust) is probably of greater importance than the treatment with medicines. Secondly, the controversy western medicine – local medicine (modern-traditional). The author bases her argument on Kleinman's distinction of disease and illness, thereby suggesting that in the case of traditional healing we will have to speak about illness. I find this an unnecessary complication, because western or modern medicine is also a form of ethnomedicine. Western doctors too have worldviews, religion and illness explanations that influence their practice. My work in my own culture has taught me that basic elements and processes in western medicine are similar to that of other "medicines". But, of course, the impact of biomedical practices often differs from indigenous ones. Burtscher discusses among other issues the bi-causality of illnesses among the Seereer.

The study is not an ethno-pharmacological study, which provides knowledge about the perceived efficacy by cultural groups of plants. Although the author gives the reader a list of plants used in therapies, the focus is on the healer's view and knowledge of the plants. She describes that the healer is not concerned about the pharmacological effects of his plants, but is engaged in interaction with the plants.

Burtscher's study is of interest to anyone who has an open mind and really wants to gain understanding of indigenous healing methods and its background. Although I would have liked a contextualisation in a broader, global context and would have appreciated a more in-depth discussion of the possibility for cooperation between different healing systems (i.e. western and local healing systems) I have read the book with great pleasure and I think this is a valuable contribution to medical anthropology. Els van Dongen

Gerda Baumbach (ed.): Theaterkunst und Heilkunst: Studien zu Theater und Anthropologie. (Theatre art and healing art: studies in theatre and anthropology) Köln, Weimar, Wien: Böhlau Verlag 2002, 434 pages, ISBN 3-412-08801-3

This book is a successful symbiosis of theatre history, medical history and ethnology. It shows the strong correlation between performance and healing in a European and non-European context, in history and in the present.

The book is divided into two parts: the first is called "Artists and such" and deals with the personal union of actor and doctor in the 17th and 18th century. Market criers were often simultaneously comedians and sellers of medicine, buffoons and doctors ("Possenreisser und Arzt"). The notorious Johann Andreas Eisenbarth for instance was a type of surgeon who operated on hernias and cateracts ("Bruchschneider und Starstecher") and had a troupe of more than one hundred people. Joseph Anton Stranitzky, a famous Viennese clown ("Hanswurst"), had a university diploma in dentistry. Many of these doctors were invited by courts all over Europe. In his article on the blending of doctor and comic mask Martin Frolowitz describes Sebastian di Scio from Venice, a player, and seller of medicines, puppeteer and tightrope walker who lived at the turn of 17th to 18th century and was regularly consulted by the Queen of Denmark. Otto Schindler records how in 1692 at the Viennese court Maria Antonia, daughter of Emperor Leopold I and wife of Bavarian electoral prince Maximilian II was depressed after two miscarriages and entertained by comedians during her third pregnancy to avoid yet another miscarriage. These performances took place at her sickbed in her private apartment in the "Hofburg", the castle of the Emperor.

The strong interweaving of healing art with comedy was evident from medieval times until the 18th century. The essence of this was the personal union Martin Frolowitz calls "the clownesque quack" (possenreißerischer Quacksalber). The role of these people was highly ambivalent because they could not be exactly categorised. It was a slightly suspect group, especially in the light of newly emerging sciences. And even today this group of artists or "Comödianten" is underrepresented in scientific research, in theatre-history as well as medical history, as Gerda Baumbach, the editor of this book, observes.

The second part of the book is called "instruments – wondrous lands – travellers". The contributions here allow us to draw parallels between the history of medicine and ethnomedicine and universal characteristics of healing. Armin Prinz in his article describes the traditional treatment of a young Azande in the North of the Democratic Republic of Congo during a spectacular so called *avule*-seance. In his vivid description of the healing session he clearly proves that Azande shamans are healers and clown-doctors in one and the same person. However, he also notes their ambivalent social role – the shaman is often an outsider who is feared by his companions but also laughed at –, very similar indeed to that of the buffoon-like quack in European history. Marco Süss also describes the personal union of healer and comic mask from ethnographic sources of the 17th to the 19th century. In many societies the clown and his masks, in relation to the mythological trickster, are "contrary", as is the famous "Heyoka" of the Dakota. They run backwards, freeze in summer and are naked in winter. The initiation is similar to that of shamans – even the refusal to become a clown may cause sickness. Finally Gerda Baumbach in her article reflects on the horse as the wondrous companion of these actors, clowns and medics in Europe of the 17th century. She attempts to trace a relation of healer and comedian ("Comico") over the animal-demonic companion. One of course is instantly reminded of the shaman with his accompanying transcendental being and the correlations are actually stunning. There is a widely distributed cooperation of zoomorphic helpers and therapeutic activities. For instance the hobby-horse (Steckenpferd) was used in Siberian shamanism as a symbol for trance travel as well as by comedians in Europe. Clown and shaman seem to be very similar actors, both work in non-real realities, as Baumbach puts it, the one on stage, the other during trance travel.

Even if the personal union of healer and clown in many societies, including our own, is long forgotten, the performance character of healing still exists. This can be seen in healing rituals in Africa but also in Western medical rituals. The stethoscope in modern medicine is often worn like an amulet; the morning rounds in hospital can similarly be seen as a ritual performance. Even the white coat, in former times a hygienic device, now worn in cafés and pizzerias, can be interpreted as a shamanic costume. There are many similarities between Western and non-Western medical "performance". It only appears that our doctors have become too serious and have lost the humour that made them so attractive in the past. Ruth Kutalek

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Photograph last page

The painting depicts the death of famous painter Moke, as seen by his colleague Cheri-Cherin.
On December 4, 2002, there will be a vernissage on paintings from Congo, Tanzania and Senegal. The net profit will enable the Viennese Ethnomedical Society to enlarge the Collection Ethnomedicine. Everybody is warmly invited to participate in this happening. It will take place at the Institute for the History of Medicine, Waehringerstr. 25, 1090 Vienna, 7 p.m.

"Moke: The beginning of the end"

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