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SHAMANISM AND MEDICINE IN DEVELOPING NEPAL

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Introduction

The major social function of the shaman in Tamang[2] society is the diagnosis and treatment of illness. This paper has two purposes: first I investigate the indigenous categories of illness and examine the unique relationship that exists between modern medicine and shamanism in the Kathmandu Valley of Nepal. Then I turn to the curing practices of the Tamang shaman, comparing these to certain concepts of psychotherapy in order to show how the shaman accomplishes much the same task as his modern counterpart albeit within the context of a very different cultural belief system. Thus the shaman performs a positive function and role which, if abrogated or disrupted due to acculturation, will cease to fulfill certain deeply imbedded social and psychological aspects of community life.[3]

The idea that shamans function as community psychotherapists is a recurrent theme of cultural psychiatry. After Ackerknecht's (1943) pioneering work, the classic in this subject is the anthology Magic,Faith & Healing (Kiev, ed: 1964) in which are cited numerous examples that compare the work of healers from nearly every cultural area to that of the psychotherapist (also see Middleton 1967, Landy 1977, et al). However, much of this insight has not been hitherto applied to Nepalese shamanism. Hitchcock (1976: xvi) makes a brief reference to the shaman functioning as a psychotherapist in Nepal, but this is not the focus of his paper. A similar reference is also made in Blustain (1976: 95).

The etiology of the disorders treated by the Tamang shamans are attributed to supernatural agents. In order to combat these agents of affliction, the shamans enter into ecstasy; i.e. they become possessed and sometimes send their souls from their bodies. All of this is done in a ritual context. Basically, I observed two types of rituals: major and minor. Although these terms are mine, the distinctions were implicitly recognized by the shamans. Minor rituals are relatively simple operations performed routinely. They involve the blowing of a magical formula (phukne) and the brushing away of the pain from the afflicted part of the body with a broom while reciting a mantra (jhar phuk). If the minor acts

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are ineffectual, treatment can escalate into a major healing ritual (puja). My informants told me on numerous occasions that they would first perform jhar phuk or phukne before resorting to a major healing ritual which necessitates "calling on the gods", i.e. becoming possessed (Ta: lha den cham nyiba).[4] The major healing rituals differ from the minor ones in that they sometimes last the entire night, from shortly after sunset until dawn. What is more, they are extremely dramatic affairs often involving the trance-possession of the patient as well as the shaman.

It is with such major healing rituals that this paper is concerned. In 13 of the 19 healing rituals I witnessed, I am able to report a complete remission of symptoms and complaints. In the remaining six cases, patients claimed partial relief; three of these later consulted a doctor on the advice of the treating shaman (my key informant).

In the disorders treated by the shamans which I observed, there was typically some upset in family concerns where two or more individuals were in conflict and one of them (the patient) became physically ill or possessed by a spirit. Therefore I surmise that the shaman is most effective curing illnesses of a socio-psychological nature. The cure itself also indicates this: it involves a reorganization of sentiments within the family. In other words, the curing activities involved in shamanic healing are not techniques for treating organic disease but attempts to remedy disturbing emotional states and interpersonal relations.

Traditional Categories of Illness

For the Tamang, the world of spirits, the animistic universe, cannot be radically separated from the mundane world. The Tamang attribute the causes of illness, and other troubles which disrupt the normal flow of existence, to some of the many spirit inhabiting the world. In the process of diagnosis, the shaman resorts to these explanatory devices to articulate and explain the cause of disease.

Primary to Tamang animism and concepts of illness are gods, spirits, witches and ancestors, who generally live in the atmosphere and on the earth. Any of these gods or spirits may cause illness if their territory is encroached upon, their shrine disturbed, or if one fails to perform proper homage. In the majority of cases, however, they were said to have attacked unprovoked.

Now it is not correct to place gods and goddesses in the same category as lagu, or evil spirits. Although the gods may strike out and cause illness, they are regularly worshipped and may protect individuals or even grant favours. Lagu, on the other hand,

are totally evil. They come in different varieties, but all have one thing in common: they are the souls of people who died in unnatural ways, possibly by accident or hanging. A dead man's soul may also become a lagu if it has not received a proper funeral.

Types of lagu include bayu, bhut, pichas, masaan, nag and moch among others. I did not find much agreement as to how each of these different types are supposed to come into existence. Yet each possesses certain characteristics differentiating them from the others. A masaan, for example, looks like a skeleton and hangs around graveyards; a nag is thought to take the form of a serpent and to inhabit dirty places like areas where people defecate. A moch only attacks children. However, there is no agreement among villagers or shamans on just what type of illness each spirit causes. Some say bayu cause heart pain and nag eye trouble, but aside from these two, the other lagu do not cause specific symptoms. Just as Western laymen rely on doctors to diagnose the cause of illness, so the Tamang laymen leave it to the shaman (Ta: bombo). I found, however, that bombo do not agree among themselves as to which spirit causes which illness.

Spirit-caused illnesses are divided by the Tamang into four categories: attack, bewitchment, loss of soul and spirit possession. The term lagnu (to attack) is used to describe the onslaught of the lagu spirits, and all these spirits are said to attack because they are hungry. They are appeased and sent away through food offerings made by the shaman. What Stone (1976: 58) writes of lagu in a Brahman-Chhetri village in Nuwakot district, could be said of the Tamang in Dhabo-Timbu as well. She writes:

> "Despite their descriptive differences, all of these spirits share in common the ability to harm people or their livestock through causing illness or death. Further all attack from hunger; and their attack is designed to elicit food offerings from their victims. Sometimes these offerings are considered as a substitute for the victim's own body which the spirit desires to eat. Finally, all these spirits attack of their own volition or at the direction of a bokshi (witch)."[5]

Regarding bewitchment, the second category whereby spirits cause illness, witches can gain control over deities and lagu by promising them food. However, witches do not always use gods to cause illness; they are said to have techniques which are known in the literature as sympathetic magic. Witches may collect things belonging to the victim (like pieces of fingernails, hair, clothing), or can draw an effigy on the ground, and work harm on these objects to cause similar misfortune to befall their victim.

Witches are real people but, to my knowledge, their identities are never mentioned. When attack by a witch is diagnosed, the shaman tries to determine who the witch is. Often there are hints -- e.g. allegations are made that some old woman from a village a few miles distant is causing harm, but her identity is never determined. The witch's clan and village might even be mentioned, but nothing more specific than this arises. During my year in the field, I saw many diagnoses of illness attributed to witches, but never encountered a direct accusation against a specific person as being the cause of another's misfortune (for contrast see Blustain 1976).

The third category whereby spirits cause illness is through fright. Fright is the only means by which one can lose one's soul. When frightened, a person's soul is thought to depart from the body. When this happens, it can be stolen by any of the lagu or deities. A person suffering from soul loss is lethargic, possibly forgetful, weak; he loses weight and, in extreme cases, goes around in what is described like a fugue state. It is believed that a person suffering soul loss will eventually die unless a shaman is able to find his soul and return it. This is what my informants told me; unfortunately I observed only one case of soul loss and it was complicated by ailments attributed to the other factors as well.

The fourth category of spirit-caused illness is possession, which is defined by Crapanzano (1977: 7) as "an altered state of consciousness indigenously interpreted in terms of the influence of an alien spirit." While possessed, a person trembles throughout the body and, in extreme cases, may even lay writhing on the ground. This convulsive shaking is the key sign of possession. It usually builds up to a crescendo and, once this is reached, the epileptic-type paroxysm ends. The patients whom I saw become possessed always described their behaviour as involuntary and claimed to remember nothing afterwards.[6]

Now, aside from spirit-caused illnesses, there are natural illnesses. If natural illness is diagnosed, the shaman does not perform a puja. In very severe cases, my informants recommended the patient seek modern medical treatment. Since precise boundaries do not exist between natural and spirit-caused illnesses, it seems that their diagnostic determinations are based on experience. Bhirendra, my key informant, and my other informants as well, seemed to intuitively know what could be treated successfully by natural means and what could not. They frequently acknowledged the modern doctor's superiority in dealing with diseases like cholera and with severe lacerations and the like, saying that they could not treat such cases. Those patients whose disorders were almost totally incapacitating were generally advised to seek modern medical help.

Gould (1957: 508) sets forth a division of role responsibility between doctor and folk healer in Northern India that seems to apply generally to the Tamang (based on the many cases I saw the shamans diagnose). According to Gould, critically disabling illnesses are the province of the modern doctor, and illnesses which allow the sufferer to maintain a semblance of his daily routine are the realm of the shaman. I also observed that those illnesses which were chronic, either persisting or progressing, were recommended to doctors. The shamans, it appeared, were concerned with those sudden onset or acute illnesses that had no apparent external cause. The four Tamang categories of spirit-caused illnesses are of this latter type.

It is also interesting to mention that this same distinction also applies to "psychiatric" diagnoses. Chronic psychopathic syndromes which include symptoms often associated with psychosis -- like delusions of grandeur, persecutory delusions, depressions and uninfluenceability (lack of transference?) — are considered "crazy" (boula) and untreatable by either shamans or doctors. Boula is contrasted to lagu illnesses which are thought to be sudden in onset and less functionally incapacitating. This indigenous Tamang classification seems to be similar to the modern concepts which distinguish between psychosis and neurosis.

The villages in which I worked are located in a very acculturated area where modern medicine has made certain inroads. For the most part, the people, including the shamans, have learned to respect its successes. But modern medical treatment is costly and so the people generally consult the shaman first who diagnoses the illness, placing it into its proper category.

Further, it is generally recognized that medicine cures symptoms but that the causes of many diseases are spirit agents, and a shaman is required to alleviate these causes. It was apparent to me that, while the Tamang had seen certain advantages result from modern medical treatment, they by no means understood or completely accepted it. Pragmatically, they availed themselves of its technology, but this caused no damage to their basic folk ideology. In most cases, spirits were still the primary antagonists. Thus modern medicine is filtered through an indigenous cultural screen and therefore has not done violence to the role of the Tamang shaman.

Nor has the shaman's function inhibited the penetration of modern medicine. The shaman is an astute observer of his community. His fellow villagers not only come to him when they are ill but interact with him on a day-to-day basis. He knows very soon if his rituals have been successful and there is nothing in his belief system which prevents him from suggesting that his clients seek medical treatment.

The Socio-Psychology of the Healing Ritual

The shaman's powers of curing are intimately connected to his knowledge of his client's social situations. A social analysis always accompanied a major healing ritual. That is, when the shaman became possessed and gave a diagnosis, the more knowledgeable the "possessing spirit" was of the patient's social relations and troubles, the more impressive he was. The shaman's divination (jokhana) was not to determine the future; rather it surveyed the patient's current problems, often his interpersonal conflicts. It was this "miraculous" knowledge that made the people think the god, and not a human being, was speaking. So it is obvious that the more in touch with community affairs a shaman is, the more his powers are believed. The shamans I worked with always spent a lot of time at the chyang (beer) bars and tea shops which are the centers of gossip. I am sure this is one of the ways in which they stayed abreast of the interrelationships in the community. Whenever I accompanied a shaman to a puja in a distant village, we spent time at the local tea shops explaining our business and inquiring what everyone knew about the patient (cf Putnam 1975).

In one case, my neighbour and his youngest wife had been arguing. He was bringing another of his wives to live in the house they are hiterto occupied alone. This youngest wife grew ill; she suffered from severe back and neck pains, complained of losing weight, and became weak. Her husband was a wealthy landowner and they availed themselves of many modern amenities. When she became ill, she consulted a doctor and took the medicine he prescribed for her, but her condition did not improve appreciably. She spoke to my wife and I often about her aches and pains, and she was very anxious about her inability to improve. She debated about going back to the doctor but opted instead to call in a shaman (my key informant). Her problems were common knowledge around my house and I had heard my servant discussing them with Bhirendra several times before he was called upon.

Bhirendra felt the pulse in each of her wrists (the requisite first step in any Tamang shaman's diagnosis), and performed a phukne for her, blowing the mantra at the back of her neck. This was to help alleviate her immediate suffering. Then, to eliminate the problem entirely, Bhirendra recommended a major healing ritual, to be performed the following night. On the night of the ritual, Bhirendra became possessed by a spirit during the jokhana. It told the patient: "Your back hurts." The patient replied, "Ho (yes)". "You have been eating poorly." "Ho." "You are unable to do your household work." "Ho." "You have gambled and lost much money." "Ho." "You hit and scold your children. You have been arguing with your husband." "Ho." "You are being attacked by a masaan."

"Ho," and the patient began to cry. At the end of the ritual, when the patient had calmed down, a chicken was sacrificed to appease the spirit being.

The belief in the ghost as the cause of illness served a number of social and psychological functions. During the course of the ritual, the patient got a statement about her social relations and her psychological condition. During the jokhana, the disease was named and a consensus established. All the patient's friends and relatives now knew why she had been acting so unlike herself. In the process of discovering why she was ill, everyone else found out as well. Public opinion was directed outward, cast upon the heavens so to speak, thereby removing all responsibility and guilt from the patient (cf. Park 1967: 242).

The belief in spirit beings as the cause of illness functions much like witchcraft accusations (Evans-Pritchard 1937). As well as providing "explanations for unfortunate events", it has the psychotherapeutic function of reducing anxiety by making it possible to initiate action (cf Kluckhohn 1944); the action of sacrificing and feeding the hungry spirit psychotherapeutically removed the cause of illness. The Tamangs believe that spirits cause misfortune because they are hungry; then feeding the spirit removes the problem. And, in its own right, faith may be a very powerful healing mechanism (see Frank 1961).

The ritual also had a noticeable effect upon the patient's social interrelationships. Thereafter, my neighbour became concerned for his wife's health. His attitude during the ritual became transformed from one of anger and retaliation to one of care. Before the ritual, he was extremely bitter about his wife's performance in her household duties. In the ritual process, they made a reconciliation without anyone needing to apologize. There was a complete remission of symptoms after the ritual; the patient did not experience, during the six remaining months of my fieldwork, any recurrence of pain. Following Lewis (1971), it could be said that, by becoming ill, calling in a shaman and having her husband pay for a ritual, the lady made use, albeit unconsciously, of an "oblique aggressive strategy" to make her husband show his concern for her.

There are many psychotherapeutic elements to be found in this short description of a ritual. In the first place, through diagnosis the illness was placed within a familiar conceptual framework. The patient's symptoms and all the mysterious and chaotic feelings of distress were organized and their causes identified by the shaman. The psychiatrist, E. Fuller Torrey (1972: 16), posits that this categorization, or "naming process", is a "universal component of psychotherapy which is used by both witchdoctors

and psychotherapists alike." Torrey (Ibid) insists that, just by naming the disease, there is immediate reduction in the patient's anxiety. This is because, once the illness is put into a cultural frame, definite expectations are aroused in the patient and his family. They identify with others who have been cured of similar things by the shaman. In other words, once the disease entity is known, there are definite prescriptions for dealing with it. It does not matter what the name is; it can be a psychological complex, a biological organism, or a masaan. The diagnostic process through which illness is identified enables a transformation from chaos to order in the eyes of the patient and those concerned for him, and this has therapeutic effectiveness.

To cite another example of a healing ritual, Bhirendra was once summoned to heal a woman who had been possessed by a bhut twice in the last two years. The woman awaited our arrival on the front porch of her house with her daughter. She complained to Bhirendra about stomach problems and lack of strength which interfered with the performance of her household duties. Bhirendra thoughtfully felt her stomach with one hand, nodded a couple of times, and then took the pulse in both of her wrists. He diagnosed that a masaan and a bhut were tormenting her and called for a karga puja, a major healing ritual designed to dispell serious illness. After the diagnosis, we returned to Bhirendra's house. On the way, he mentioned that the patient's husband was a good-for-nothing who neglected and abused his wife and children, a man who lost much of his money gambling.

At the karga puja, Bhirendra became possessed and summoned the spirit responsible for the patient's illness to possess the patient. He did this by playing the drum in the possessed state and intoning mantra. The patient began to tremble and the trembling increased as it spread through her body. Her head bobbed and she gasped a couple of times. A moment later, her husband also became possessed. He began to shake. The spirit possessing him challenged Bhirendra, saying he had no power to help the woman. Bhirendra returned the challenge saying "if you are so powerful, let's see what you can do." Then he angrily threatened to call on his familiar spirits. The husband said no more. He shook for a while longer; Bhirendra threw rice on him to dissipate the spirit and the trembling ceased. The patient, however, was still shaking and Bhirendra interrogated her. He demanded to know what spirit possessed the woman and why it was tormenting her. She did not reply. As the paroxysm increased, she swore at her husband, the shaman, and some members of the audience as well. Bhirendra threatened to inflict pain upon the spirit, through the patient, but the spirit still refused to communicate with him. Rice was thrown on the patient and she became unpossessed. After this episode, she was clearly exhausted. She had been possessed for

at least twenty minutes. In order to find out the cause of the patient's difficulty, Bhirendra then called upon his mukhiya guru (tutelary deity) to possess him. He played the drum hard and fast, perhaps five or six beats per second.[8] All of a sudden, the drumming stopped. His drum rested against his left shoulder, the S-shaped drum stick lay across his right forearm. He gazed upwards, eyes half closed. He spoke, describing a vision which he was seeing. He said he was on the ninth level underground and was having a meeting with Panch Kanya Devi near a pond in which Nag Raja (King of the Serpents) resided. The Devi said that the woman's problems were being caused by a pichas and a bhut (changing somewhat Bhirendra's initial diagnosis). The Devi sent the pichas because the household failed to perform a proper sacrifice to her. She promised that the illness would subside after the sacrifice was made. Bhirendra made the Devi a chicken offering. And the husband committed himself to making frequent, large offerings to the goddess at her shrine.

Bhirendra was not consulted by this patient again. As far as I know, the symptoms were in remission, and the woman went back to her normal household duties the day after the puja. I was not as intimately involved in the details of this case as in the first one. Yet it did appear to me that the patient and her husband were in conflict and that the ritual put the husband in his place, so to speak. Not only was he humbled by the shaman during the time he was possessed, but he was asked to perform a ritual for his wife. Thus the ritual resulted in his showing concern for his wife, as was the case in the first example.

Other than the therapeutic effectivelness of naming the disease, accomplished in the diagnosis, there are additional salient psychotherapeutic aspects common to modern and shamanic curing. Kennedy (1974) identified four of these elements which he believes to be critical in both systems: faith, suggestion, group support, and catharsis. It is this last aspect on which I shall concentrate in the remainder of this paper. In order to highlight the importance of catharsis, I will refer back to these two cases.

At many of the rituals I attended, the cathartic element, i.e., the discharge of distressful emotion (see Scheff 1977: 485) was apparent to me. In the first ritual described above, each time the patient answered "ho" to the god possessing the shaman, there was an outburst of emotion culminating in her weeping at the end of the procedure. The second ritual example culminated the same way. In it, the patient became possessed by a spirit and shook convulsively. Although the patient did not respond coherently to the questions directed by the shaman, she did ventilate a lot of frustration and aggression which would have been unacceptable in other social contexts.

The behavioural psychologist, William Sargant (1957, 1974) suggests that possession, with its emotional outbursts, is very similar to other experiences common to psychotherapy such as abreaction or catharsis as well as to religious conversion experiences. Basic to all these experiences, Sargant suggests (1957: 7ff), is their ability to excite the person to such a degree that there follows an inhibitory or "transmarginal collapse." At this stage, the mind is extremely susceptible to suggestions; things learned in this state are believed with a great amount of conviction. Commenting upon similar types of highly emotional curing rituals, Leighton (Prince, Leighton & May 1968: 1178) says, "It is as if the whole procedure brought about a situation in which the structure of the patient's personality becomes soft and then, after the emotional crisis, resets in a new form."

Leaving aside the matter of suggestion for the moment, it is probable that these intense emotional experiences have a beneficial psychological function in themselves. Kiev (1972: 42) believes that emotional catharsis, by allowing the patient to ventilate aggression and frustration, provides "a sense of renewal and an improved capacity for dealing with reality." Furthermore, catharsis has remained an important aspect of psychoanalysis from its inception. As Freud (1924: 194) wrote, "The cathartic method ... in spite of every extension of experience and of every modification of (psychoanalytical) theory, is still contained within it as its nucleus." (parenthesis mine).

Possession and catharsis are certainly crisis experiences. They appear from a state of confusion, anxiety and emotional distress. During the crisis, feelings are expressed through the spirit -- a culturally relevant means. I witnessed Bhirendra attempt to arouse his patients emotions, at times to the point of catharsis as in the two cases described above. This seemed to be especially the case when spirit possession was part of the diagnosis. As part of the healing ritual, Bhirendra would attempt to have the spirit causing the illness possess the patient and speak through her. He said this was done so that the lagu could speak their demands. Similarly, many of the exorcists discussed by Oesterreich (1966) attempted to evoke demonic possession in their patients during ritual exorcisms. In light of the importance of catharsis, there seems to be a sound psychological basis to these healing techniques.

I mentioned earlier the patient's extreme susceptibility to suggestion during the inhibitory collapse stage following possession (Sargant op. cit). In the healing rituals I observed, it was at this point, when the patient lay completely exhausted after an emotional outbrust, that the shaman manipulated certain key cultural symbols. Levi-Strauss (1963: 195) has pointed out the thera-

peutic effectiveness of symbolic communication. He says that symbols and symbolic gestures may penetrate directly to the patient's complexes in cases where the spoken word could not get beyond the patient's defenses. In this respect, the Tamang shaman's use of the narling mendo (Ta.), a white flower which is one of several key cultural symbols, is instructive. As a symbol, this flower represents many Tamang cultural values like goodness, sacredness, growth, fidelity, purity, health, truth and life. It is also called "soul flower"; it symbolizes the healthy soul and giving it as tika (blessing) to the patient, by placing it on the forehead, symbolically depicts the returning of a lost soul -- one cause of illness. During all curing rituals, the shaman manipulates this flower in his hand, passing it over the patient numerous times while reciting mantra. Such a symbolic gesture qualifies it as a language; through it the therapist/shaman, as Levi-Strauss (Ibid: 200) writes, "holds a dialogue with the patient, not through the spoken word but in concrete actions, that is, genuine rites which penetrate the screen of consciousness and carry their message directly to the unconscious."

Ortner (1973: 1339-40), in her article "On Key Symbols", calls symbols which are loaded with meanings of value and emotionally powerful, like the narling mendo, "summarizing symbols" in that they simultaneously represent, under a single form, many norms and values of a culture. She uses as examples national flags and religious symbols like the Christian cross. Turner (1967, 1975) calls such symbols "dominant symbols" and, according to him (1967: 29-30), their principal function is to transform "the obligatory into the desirable." By identifying with them, the individual, in a sense, uses them as vehicles to transform himself or his condition of health.

The healing effectiveness of this type of symbolic communication has also been mentioned by Kennedy (1967: 192). He writes, from his Nubian experience, that the "marshalling of these symbols in Zar ceremonies throws the weight of all positive Nubian traditional values on the side of the patient."

The underlying effect of all these exercises in Tamang healing puja is to transmute the patient's symptoms and beliefs into socially useful channels. In accomplishing this purpose, the symbol serves, I believe, as a guide or vehicle for the reorganization of the emotions released during the traumatic cathartic experience.

Conclusion

The highly emotional experience aroused during a major curing rite is analogous to what psychologists have called the cathartic

experience. It has the function of disrupting old cognitive and sentimental pathways, while the messages and symbols of the ritual restructure these according to cultural values. It is my belief that the cure and the resolution of the social conflict are interconnected. In each one of the cases to which I briefly referred here, and others as well, the illness occurred almost immediately following a flare-up in family relations. If the two events -- the outbreak of illness and the situation of social conflict -- are connected in a cause-effect relationship, as I believe the evidence suggests, then the illness is related to social and psychological stress. Thus, among the Tamang, the major healing ritual is a cultural mechanism seemingly designed to alleviate two interrelated problems: to release the patient from his psychological symptoms and simultaneously to restore the proper sentiments to what Radcliffebrown called "the actually existing network of social relations."

Whether or not there is a complete cure here, i.e., whether the patient ever again suffers from spirit possession and other hysterical symptoms, does not seem to me to be important. The puja is not specific to "mental disorder" but is a cultural mechanism for solving social and psychological conflicts. Since these conflicts intermittently arise in the life of all individuals, what is being treated by the Tamang shaman cannot be permanently cured. The modern psychotherapeutic ideal is to better prepare an individual to come to terms with his conflict. The Tamang, on the other hand, are not concerned with such preparations but have devised a cultural mechanism for dealing with conflict whenever it arises.

I consider this to be a very positive social function and I hope this paper has served to illustrate what an important ingredient of Tamang culture and, by extension, in other Nepali cultures, would be unfulfilled if the shaman's role as community psychotherapist is negated by the incursion of modern medicine. Further, I have shown that shamanism is not a serious block to treatment where organic illness is involved. The Tamang shaman has implicitly attuned his system to take advantage of modern medical treatment.

In fact, with proper training, the shamans can even come to help spread medical aid inasmuch as they already recognize their own limitations in the treating of certain illness and take an active part in getting their clients to seek such treatment. Shamanism is not inherently antithetical to modern medicine.

In order to ease cultural transition, modern medicine must respect the shaman's positive role for both share a common goal: the alleviation of suffering. At the same time, each approaches this goal in different, yet not exclusive, ways.

Footnotes

1. Fieldwork was conducted from August 1976 to July 1977 in Tamang villages located only three miles from Kathmandu. All place and individual names are pseudonyms. Interviews were conducted with the assistance of an interpreter, in both Tamang and Nepali. Foreign terms used in the text are in Nepali, unless otherwise indicated. Thanks to Dr. Linda Stone and Dr. P.R. Sharma for their careful readings and important suggestions.

2. The Tamang are a Tibeto-Burmese speaking people. They live primarily in the mountains to the east and west of the Kathmandu Valley, and there are about 23,000 Tamang in the Valley itself. The Tamang may be the largest ethnic group in Nepal (Bista 1967: 52; Frank 1974: 94). Over 50% of the population of Dhabo (2,012), my field site, a very acculturated town, is Tamang; and Timbu (pop. 360), located less than $\frac{1}{4}$ mile north of Dhabo, is a typical Tamang village. The overwhelming majority of Tamang are subsistence farmers.

3. It should be noted that HMG's Ministry of Health explicitly recognizes the value of traditional healers, has plans to incorporate them in the integrated health services projects, and in no way intends for modern medicine to replace them outright (Dr. L. Stone: personal communication).

4. Lha den cham nyiba and lhari nyiba (cf. Hofer 1974) are Tamang terms meaning "to go along with the gods." These terms were used interchangeably with thuisal bhorba (Ta.) which means loss of consciousness (thuisal) and to take away (bhorba). All three terms describe what Eliade (1964) calls "magical flight" and considers to be the primary characteristic of shamanism in general. Soul journey is not reported in every form of Nepali shamanism. For example, Hitchcock (1967) did not find evidence of it amongst the Magars with whom he worked. Magical flight has been reported by Watters (1975), Jones (1976: 36), and Sagant (1976: 80-81). Hofer (op. cit.) described a magical flight amongst the western Tamangs different from that I encountered. The magical flight system described to me was quite extensive. The shamans' "cosmic map" included nine heavens, nine underworlds and six other worlds to which they travelled. While outlined primarily by my key informant, this system was corroborated by two other informants, one who lived a few hours walk to north and whom I saw frequently, the other a shaman from East No. 1 district, about 40 miles from Kathmandu. They also described an initiatory pole climb and a high god who resided above the ninth heaven (very similar to certain Siberian traditions) (also see Peters 1978).

5. The verb lagnu to designate the attack of a spirit also appears in the Brahman-Chhetri group studied by Stone (1976). The specific characteristics attributed to the lagu in Stone's study and mine are similar, and in certain respects resemble the jaasu described by Blustain (1976) in his Gorkha study.

6. There were cases where possession was diagnosed as the reason for anti-social behaviour out of ritual context. But possessions I witnessed all occurred within a ritual context.

7. Regarding pulse taking, Bhirendra explained that it was not so much what he felt in the pulse, but what he experienced in his own body while taking it, that was significant in determining the diagnosis. For example, if he felt a chill it was some spirit, if it was an itch is was another, a yawn still another, etc.

8. Neher (1961, 1962) has shown that, in laboratory conditions, auditory stimulus with a drum, beat at three, four, six and then eight beats per second, as tested is a series of forty-second sessions separated by forty-second rest periods, will produce the same effect on a subject as the rhythmic stimulation with bright light known as "photic driving" (see Walter 1953), that is, kaleidoscopic colour patterns; kinesthetic sansations such as swaying and spinning; and feeling states such as fear, disgust, confusion, and fatigue. Finally, myoclonic jerks may appear, and a full-blown grand mal seizure may develop. Neher hypothesizes that there may be a connection between drum beating and the production of trance states (see also Prince 1968).

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