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Beyond Medicine: Sickness, Healing, and Order in Sherpa Society.

This thesis is submitted to the Department of Anthropology, University of Sydney, in partial fulfilment of the requirements for the degree of Ph.D.

John Draper.

(Note: The data present in this thesis is valid as at May 1989).
"Lama knows"
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ABSTRACT

This thesis explores sickness and healing among the Sherpas of the Khumbu, in N.E. Nepal. More specifically, it explores the extent to which ordinary lay Sherpas control such important events as the identification of the causes of sickness, the choice of healers, therapies and care, and the interpretation of outcomes. It demonstrates that this control rests not with lay Sherpas but rather with the religious elite. The thesis examines how this control is achieved and maintained, and its implications for the maintenance of order more generally in Sherpa society.

My theoretical framework for addressing these concerns is the notion of power, defined as the relation between those forces enabling 'agency' and those structures and forces which constrain it. A primary constraint, I suggest, is the control of knowledge. This control derives, in turn, from the control of discourse. A significant feature of the Sherpa universe is the hierarchical ordering of all phenomena into relative degrees of the 'high' and the 'low'. In the case of secular exchanges such as trade and other economic transactions, agency is possible to the extent that an individual has control over the secular knowledge and discourses required for such exchanges. In the case of such exchanges with the higher spiritual realm, however, such as healing, opportunities for agency are considerably reduced, because the spiritual knowledge required for accessing supernatural assistance is considered to be higher, beyond challenge, and the preserve of the religious elite. This is reinforced through their control of the texts, mantras, rituals and codes through which spiritual knowledge is produced, distributed, utilised and evaluated. Sickness thus continues to be experienced and managed in ways which reproduce the authority of the religious elite, and the hierarchical structure of the Sherpa universe more generally.
NOTE ON ORTHOGRAPHY

Terms in Sherpa have been italicised throughout the text. Their transliteration is based on a simplified version of the system most commonly used for transliteration of Nepali to English i.e.

* Short-sounded vowels are transliterated with single letters, while longer-sounded vowels are transliterated with double letters (e.g. a... versus aa...)

* Aspirated consonants are transliterated with an additional 'h' (e.g. kh...)

* Retroflex consonants are transliterated with capital letters (e.g. T...)

This system is used in order to approximate the way in which Sherpa terms might be heard by speakers of English, as well as to facilitate reading. I have avoided using the system of transliteration of Tibetan to English favoured by Tibetan scholars, primarily because I can rarely make head or tail of the words it manages to produce. A glossary of Sherpa terms is provided at the conclusion of the text.
INTRODUCTION.

THE PROBLEM AND THE PROCESS.

The Sherpas inhabit the high altitude valleys of the Solu-Khumbu region in N.E. Nepal. They originated from Kham in E.Tibet and remain loyal followers of the tantric nyingma sect of mahayana Buddhism. They are traditionally agro-pastoralists and traders but today their economic mainstay has become mountaineering and tourism. The Sherpas are famous among tourists for their hospitality, their religious devotion, their good-naturedness, and their resilience in a harsh environment. This image has been reinforced in the voluminous literature on the Sherpas. With the exception of Sherry Ortner's work, most of the existing ethnography gives the impression of a relatively egalitarian, harmonious, entrepreneurial yet co-operative community, lacking in centralised formal political organisation, and actively reproducing an elaborate spiritual ethos based on an awareness of the inter-connectedness of the universe.

I first visited the Khumbu in 1981 as a tourist. I had just retired (for the second time) and had decided to pursue a life of adventure and spirituality (for at least the third time).

The mountains were astoundingly beautiful, the Sherpas were indeed friendly and apparently at peace with themselves and their environment, and it was not at all difficult to accept that this really was a very special place - in fact a perfect place to indulge a passion for adventure and that particular form of 'spirituality'. In 1985 I completed an M.A. thesis on Sherpa religion which, not accepting the party line in toto, nevertheless reflected an ongoing idealisation of Sherpa culture and an assumption that Sherpas in the villages saw things very much the same way as the monks and the lamas in those wonderful exotic monasteries.

As I finalised my M.A. and began preparing for my Ph.D., I became increasingly interested in those religious functionaries in the villages, especially the lhawa (a form of 'shaman') and the minung (a diviner). Volumes have been written about the lamas and monks of 'Sherpa religion', (see e.g. Ortner 1970,1972,1978,1981; Paul 1970, Samuel, von Furer-Haimendorf 1964, Jerstad, Down). Remarkably little has been written, however, about these lhawa minung (with the exception, perhaps, of Funke 1969, Frerkes 1982), particularly in relation...
a structure that is imbued with the often unfulfilled possibilities for agency and, therefore, with relations of power. This process of development in my own thinking is, of course, a function of more than just the data itself: it reflects much of the change in my own life experience. Nevertheless, this does not devalue the process. Indeed, I have sought formally to acknowledge and account for this process in this thesis, even at the cost of achieving so-called academic objectivity. If I have not discovered the "truth" about the Sherpas, but have managed instead to convey something of the complexity of the process of learning about and from them, I am satisfied. For the process, like the reality it seeks to describe and understand, is infinitely complex and ever-changing and this has immense rewards as well as frustration. Bernstein summed this up well when he commented:

"I always felt that the only paper worth reading was the next one to be written" (1971:1)
PART A: THE CONTEXT: STRUCTURE AND AGENCY

IN SHERPA SOCIETY.
CHAPTER 1: A power-centred approach to social analysis: 

some theoretical foundations.

1.1. Overview
At its most general level, this thesis is about the relation between society and the individual, and thus about the relation between structure and agency. This relation continues to be one of the central animating concerns of social analysis. At one end of the spectrum are those who emphasise individuals as agents, forever consciously seeking to shape their behaviour and the structure of society according to their own interests. Sartre, for example, argues that:

"man is the product of structure, but yet he goes beyond it - man receives structures, but he receives them as he is engaged in history, engaged in such a way that he cannot fail to destroy them, to constitute anew that which in turn will condition him...what is essential is not that man is made, but that he makes that which made him" (quoted by Metcalfe:113-4).

At the other end of the spectrum are those who emphasise that individuals are the products of the material and social conditions of life. Marx, for example, argued that:

"The mode of production in material life determines the general character of the social, political and spiritual processes in life. It is not the consciousness of men that determines their existence but, on the contrary, their social existence determines their consciousness" (Marx, 1859: 11-12).

For most social theorists however, including the later Marx himself, structure cannot be analysed independently of agency, or vice versa, and there is always a degree of strain - if not incompatibility - between the desires and ambitions of individuals and the imperatives for social reproduction and collective wellbeing. Berger and Luckman, for example, summarise this relationship in terms of the following conundrum:

"Society is a human product. Society is an objective reality. Man is a social product." (1967:61).

Even Durkheim, the 'conscience collective' theorist par excellence, did not bracket out agency and the individual entirely, pointing out that:

"We are at the same time actors and acted upon, and each of us contributes to forming this irresistible current which sweeps him along" (quoted by Giddens 1971: footnote 31 page 71).
The relation between structure and agency appears, if anything, to be receiving more attention within anthropology in recent years. The demise in the 1960s of the more rigid, homogenising, reifying, deterministic formulations of structure, as espoused within both structural-functionalism (e.g. Radcliffe-Brown 1958) and Marxism (e.g. Althusser 1969), coincided with an increasing interest in 'behaviourism', i.e. the purposive actions of individuals; an interest theory view of exchanges (e.g. Barth); and, related to this, decision-making theory.

More recently, an increasing number of anthropologists have begun to react against both the static artificiality of structural-functionalism, the determinism of vulgar Marxism, and the assumptions of voluntarism, maximisation and 'rationality' implicit in decision theory in particular. The search for a bridge between structure and agency has led to such important - and diverse - theoretical contributions as Bourdieu's notion of 'habitus' (1977), Williams' notion of 'cultural producton' (1977), Giddens' notion of 'structuration' (1979) and Godelier's reformulation of the relation between base and superstructure in Marxism. As Ortner (1984) comments in her review of anthropological theory since the 1960s, anthropologists are, belatedly, developing more of an interest in "real people doing real things" (1984:144).

As a direct result of this interest, it has now become fashionable to focus attention on the phenomenon of 'power' and the development of a 'theory of practice' (e.g. Sahlins 1977, 1981; Ortner 1989). Following on from Lukes (1974), Foucault (1975), Bourdieu (1977) and Giddens (1979), power is conceived within this approach not as a property, something overtly exercised by someone over someone else through the use of force or coercion, but rather in terms of a relation. More specifically, it is conceived in terms of the historically-specific expression of the relation between, on the one hand, those forces (external and internal, politico-economic as well as socio-cultural) which serve to reproduce structure, and on the other hand, those forces enabling the opportunity for agency and the pursuit of individual autonomy. According to this approach, the relationship between structure and agency is essentially a dialectical or mutually interpenetrating one, i.e. people both constitute, and are constituted through, the historical social process; people are both producers and products; agency exists only in relation to structure, and structure exists only in so far as it is animated through agency.

Sahlins refers to "the practice of the structure and the structure of the practice" (1981:79).

Victor Turner refers to:

"man as both a structuring and an antistructuring entity, who grows through antistructure, [or 'communitas'], and conserves through structure" (1975:298).
Structure provides the wherewithal (relations, resources, knowledge, shared meanings etc) for individual action, and action seeks to reproduce structure (albeit not necessarily perfectly) in order to reproduce itself. Put another way, agency is always constrained - albeit to different extents in different contexts - through the impact of various forms of relations (social, cultural, political and economic) of which structure is composed and through which structure is imperfectly reproduced. Practice thus reverberates with asymmetry and inequality.

This, then, is the theoretical basis for this thesis and its concern with the constraints on agency among the Sherpas, in particular the response to sickness and the pursuit of healing. In this chapter I review some of the key underlying ideas inherent in the power-centred approach (at least as I understand and use it): a dialectical relation between structure and agency; exchange as a primary arena for the expression of this relation; the control of knowledge as a primary constraint on this relation; the control of discourse as a primary variable in the control of knowledge; and ethnographic self-reflexivity as a primary tool in representing this relation. I then introduce some key concepts relating to codes in particular, and examine some implications of this approach for the study of sickness and healing.

My overall concern in this thesis, however, is not a theoretical elaboration of the power-centred approach as much as a demonstration of its usefulness. This chapter therefore introduces ideas and terms to be used in subsequent chapters, rather than examines them in detail. It will thus be a somewhat rapid and truncated discussion, passing by a number of theoretical minefields that really deserve more careful examination than I am able to give them here. I trust that this will not distract attention from the major concern of the thesis: 'real people doing real things'.

1.2. Structure, agency and power in social theory.

"Action divorced from knowledge (prajnya) is a fetter; knowledge divorced from action (upaya) is a fetter. Action endowed with knowledge is freedom (moksa)."


This thesis demonstrates some of the problems associated with applying neoclassical utilitarian economic views of individual agency and associated assumptions regarding self-interest and choice. Marx, Durkheim and Weber all shared a wariness of this approach.
Durkheim, as we know, was concerned with collective moral unity and continuity, with unintended consequences of behaviour rather than with agency per se. He differed from Marx, however, insofar as he saw this structure in functional terms i.e. as an internally consistent, and legitimate, means of overcoming anomie and enabling purposive action. Marx, of course, saw this structure as more problematic, more arbitrary, and more likely to result in alienation. Marx also would have been opposed, however, to the structuralist view of structure as the creation of mind, independent of the historical material conditions obtaining in a particular sociocultural formation. Durkheim and Marx shared a common preoccupation with structure, and a view of power which focuses on the constraining impacts of structure.

Weber, on the other hand, focussed far more attention on the individual actor and on the 'rationality' of such actors' intentions and behavior. For Weber, social relations are not as fixed as Durkheim's representations, and not as directly tied to material production as Marx's representations, but rather are dynamic and conflict-ridden. According to Weber there are more possibilities for agency where behavior is motivated by the rational calculation of means to possible ends (e.g. secular material exchanges) than where behavior is motivated by an emotive state or habit or tradition (e.g. spiritual exchanges with gods. This distinction is an important one, as we shall see, in the case of the Sherpas). For Weber, power is the production of intended consequences, the calculable probability that an actor will realise his/her own objectives, even in the face of opposition.

For 'behaviorists', such a probability remains high. Because of the indeterminacy of structure, action is required for society to reproduce itself. And because of such action, structure remains indeterminate. Herein lies the basis for the liberal view of 'freedom' and - its antithesis - overt domination. According to Dahl,

"A has power over B to the extent that he can get B to do something that B would not otherwise do" (1969:80).

A society is 'free' or not according to the individual's access to multiple choices. Power is conceived very much as an expression of agency.

The differences between these various approaches to power might be expressed in terms of two basic approaches to the analysis of a game of football. While structural-functionalists
explore the rules of the game, (without adequately exploring how and why the game is actually played, and in different arenas), the behaviorists focus on the players and their moves (without adequately exploring the inherent biases of and constraints imposed by the rules, or indeed by the referees). Clearly, however, the game is a function of both rules (and referees) and the players playing particular games. An analysis of one without the other will always remain incomplete.

Structural-functionalism emphasises kinship structures as the basis of social organisation. In ignoring the importance of individual actors, actions, and events however (not to speak of such unstructured things as fear, jealousy, love, intimacy and so on!) the structural-functionalists have oversimplified the dynamic complexity of social organisation, and reified the concept of structure to the point where it is regarded as self-evident, and is taken for granted. Where change is explored at all it is treated in essentially linear terms. The individual is seen as essentially passive, whether as beneficiary or victim of his/her circumstances. Furthermore, there is little exploration of the differences between individuals and their knowledge and experiences of change.

The behaviorists on the other hand over-emphasise, I suggest, the utilitarian dimension of culture, ignoring the constraining significance of relations of knowledge-power. Exchange and reciprocity, for example, is seen as very much a functional and even mutually-satisfying activity based on one's conscious, knowledgeable and 'rational' pursuit of self-interest, rather than as, for example, a vehicle for the reaffirmation of a structure of relations which may perpetuate inequalities and exploit the individual.

The behaviourist has considerable difficulty with the evidence I shall provide, in the case of the Sherpas, of community-wide constraints on choice; of 'simplifying' and 'satisficing' as the major imperatives in choice behavior rather than maximising; and of authority exercised in the absence of overt political control. The behaviorist would have difficulty accounting for the fact that while an individual may be free to participate in an exchange relation, he/she may not be free not to participate in it; that participation may in fact be disempowering or at least directed to the interests of the group rather than the individual, and that there may in fact be an efflorescence of social/gift exchange in the face of increasingly competitive economic/commodity exchange, as appears to be the case among the Sherpas.
There are a number of other problems with these two approaches. Firstly, the scope for agency clearly varies within, as well as between, different structures. Even the same individual participating in the same basic ritual may have more or less opportunity to manipulate the ritual in one performance than another. Secondly, while structure can readily be seen to constrain agency, it can also enable it, and vice versa. That is, structure can be empowering, just as agency can be disempowering. Structure may set the parameters for agency, but agency may well re-arrange relations within these parameters.

Thirdly, there is a significant difference between scope for and the actual exercise of agency, as well as between the exercise of agency and the actual realisation of one's objectives. Fourthly, neither structure nor agency necessarily equates with the overt use of force. Conflict is possible, and often evident within structure just as it is within agency. Unconscious, or at least un-articulated interests can be expressed without action, and non-action can be a vital expression of agency as well as of structure. Fifthly, agency with respect to other humans may be very different to that with respect to objects, supernatural agents and other phenomena.

A further concern lies in the ways in which the 'problem of meaning' is handled by structural-functionalists and behaviorists. Gecrtz has offered us the by now infamous strategy - what he refers to as 'thick description' - for analysis of the meaning of symbols, in which the means by which individuals mentally construct symbols is examined prior to any analysis of the socio-political origins or consequences of such symbols. Similarly, Ortner (1979), in her study of Sherpa rituals, suggests that we must first know what symbols mean before we can know what they do.

Asad (1979, 1983), however, has argued convincingly that such a methodological separation is problematic at best. For Asad, meaning is embedded within the historical socio-cultural context, and is as much a social construction (or, more accurately perhaps, a misconception) as it is the product of the mental activity of individuals (generally informants who are more articulate, but not necessarily representative of a given community). Indeed ethnographers have rarely explored the variation in 'meaning' between different individuals, or the distribution of these meanings within communities, and have thus often begged the question of whether meanings are in fact 'shared' (or even important) at all. Asad complains that:

"instead of taking the production of 'essential meanings' in given historical societies
as the problem to be explained, anthropology takes the existence of essential meanings (in the form of 'authentic discourse') as the basic concept for defining and explaining historical societies" (1979:623).

Another problem is that there is great diversity and indeed confusion regarding the definition and use of the concept of power, ranging from influence to domination, production to distribution, overt action to covert authority, conflict to consensus. Power 'through' is very different from power 'over', which is different again from power 'by' and power 'with'. Indeed, as Sheridan points out, there are ultimately "as many forms of power as there are types of relationship" (218).

In response to such problems, Lukes (1974) developed what he called a 'three-dimensional' view of power, i.e. one which goes beyond both the notion of power as the overt use of force (e.g. Dahl 1968) and the notion of power as the covert actions of individuals (e.g. Bachrach and Baratz), or what Schattschneider referred to as the 'mobilisation of bias'. According to this self claimed 'radical' view, real power is located not within individuals but in the structure of the relations that obtain between them. Not in individuals haranguing the meeting but rather in the covert control of the agenda. Not in choice, nor even the availability of multiple choices, but in knowing what these choices constitute; in the masking of the parameters of choice and their origins and consequences; in the ability to engender in another the desire for a particular choice from among many. Says Lukes:

"is it not the supreme exercise of power to get another or others to have the desires you want them to have - that is, to secure their compliance by controlling their thoughts and desires?...the most effective and insidious use of power is to prevent conflict from arising in the first place" (1974:23).

This approach to power has much relevance to the case of the Sherpas, as we shall see.

According to Lukes, there is an important distinction between coercion, manipulation and authority. Coercion occurs where conflicts of interest are observable, while manipulation occurs where they are latent. Authority on the other hand is a form of influence which encompasses both coercion and manipulation, and situations not involving conflicts of interest. Swartz has drawn a similar distinction between 'force', 'persuasion' and 'consensus', arguing that the power to legitimate is more powerful than the power to exercise force. According to Swartz, increasing anthropological concern with the process - as distinct from the function - of power, demonstrates that those subordinated and exploited by power are
often active participants in the process, i.e. that power is a 'two-sided coin', involving both the exeriser and the exercisee, and it is the relationship between them that must be analysed. Again, this relationship is vital to an understanding of the Sherpas.

There is an important difference between the unequal relations inherent within hierarchical societies (such as, I suggest, the Sherpas, and many others in South Asia) and those within what I shall refer to as 'stratified' societies (such as many of those in Melanesia). While no society is wholly either hierarchical or stratified, those that conform more with the hierarchical mode tend to emphasize the ranking of roles, and to emphasize the role rather than a particular incumbent. Roles tend to be ascribed rather than achieved, and based on intrinsic factors such as heredity rather than extrinsic factors such as links with a central government.

Societies that tend towards stratification, on the other hand, are prone to role differentiation that is based on competition, and thus threaten more to tear themselves apart. Knowledge is treated as a commodity to be exchanged rather than the privilege of the elite; is therefore subject to considerable innovation and obsolescence, and is communicated in relatively standardised discourses. Agency in stratified societies is constrained more by unequal access to scarce resources than by the structure of relations per se. Extrapolating further, it might be reasonable to suggest that while overt political action is characteristic of stratified societies (note, for example, the 'big man' system of leadership in much of Melanesia), political activity in hierarchical societies is characterised more by covert authority, generated and reproduced through the hierarchical structure of relations of knowledge-power. Such authority ultimately delimits and eclipses overt political action, though it need not necessarily exhaust it.

Now this description of hierarchy conforms in some respects with that offered by Dumont for South Asia. Reproducing the dominant Brahmıı ideology, Dumont accepts a rigid separation of the pure from the impure, conforming structurally with the separation of the absolute from the relative (and, by extension, of the high from the low). He suggests, however, that such a separation is encompassed within an englobing (and more important) hierarchy, and is therefore conducive of unity.

"just as the whole is more important than the sum of the parts" (143). "In the hierarchical scheme a group's acknowledged differentness...becomes the very principle whereby it is integrated into society" (191).
There is some evidence for this among lower Sherpa groups and, indeed, in the relation between the laity as a whole and the religious elite.

There are, however, a number of important problems with Dumont's analysis. Dumont doesn't explain why particular castes/groups are at particular positions within the hierarchy; nor why agency - expressed, for example, in the many political and economic transactions at the middle levels of the hierarchy - is more pronounced at such levels than at the extremes of the structure; nor how (or why) such transactions are different from social and spiritual exchanges; nor how (or why) an increasing emphasis on the former has led, in many cases, to an efflorescence in the latter. (Again, such issues are, as we shall see, of importance to the Sherpas, as well as to Hindu societies).

Furthermore, Dumont has based his analysis on the views of selected articulate Brahmin informants and orthodox Brahmin texts, thereby ignoring the variation in and distribution of such views and the implications of this for social relations in actual day to day life. This overly intellectualist preoccupation with the theory and the primacy of meaning has difficulty accounting for the evidence of class structures (e.g. Beteille) and cross-caste relations in Hindu society (e.g. Marriott), the significance of fictive kinship (e.g. Beals), or variations in the relative statuses of and relations between the priest, the ascetic and the king in different contexts (Burghart). The separation of status from power, and structure from agency appears most problematic when viewed from the perspective of the average lay non-Brahmin villager; from the perspective of 'real people doing real things'. Indeed, as Srinivas (1966) acknowledged, in his reformulation of his own earlier Brahmin-dominated theory of 'sanskritisatation', each caste has its own model of the structure of relations of which the universe is composed, one which is both part of the whole but also generally pragmatic and practical.

Faced with such evidence, a number of theorists have been concerned to develop a notion of power which explicitly explores the interpenetration of structure and agency, society and individual, idealist and materialist bases for and motivations in day-to-day existence. Giddens coined the term 'structuration' to describe the 'two way' relationship at work here (1979:6). Indeed the very separation of structure from agency is itself an expression of power. According to Giddens:

"even the most autonomous agent is in some degree dependent, and even the most dependent actor or party in a relationship retains some autonomy" (1979:93).
Power is never a 'zero sum game'. Rather, it is a relation. Indeed, power is immanent in every relation. And it cannot exist outside of a relation. The significance of power thus lies not so much with scarcity per se as with the significance of relations in enabling and constraining the action necessary for dealing with problems of day-to-day existence more generally. Giddens draws attention to the role of ideology in reifying such relations i.e. in making them appear 'objective' and fixed rather than arbitrary and mutable, 'natural' rather than socio-culturally constructed, and universalistic rather than the product of particular sectional interests.

The significance of the control of knowledge and discourse in the reproduction of such representations (or, more accurately, misrepresentations) is a central focus in Bourdieu's 'outline of a theory of practice' (1977, 1978). According to Bourdieu, separation of structure from agency leads to the untenable situation of a "structure structured in the absence of any structuring principle" (1977:27). It is necessary, therefore, to move analysis from the "opus operatum to the modus operandi" (1977:72). For Bourdieu, discourse is a fundamental vehicle for this modus operandi. Discourse is comprised of an interpenetration of 'langue' and 'parole' just as power is comprised of an interpenetration of structure and agency. That is, contrary to the Saussurean dichotomisation of these concepts (itself derived from the Cartesian dichotomisation of the body from the mind), there is no innate universal langue existing independently of its historical material conditions. Langue is a precondition for the intelligibility of parole, just as the intelligibility of parole provides the necessary impetus for the reproduction of langue.

Agency is constrained through what Bourdieu refers to as 'habitus', i.e. a set of 'dispositions' into which actors are 'enculturated' through the structuring effects of symbols - the "instruments par excellence of social integration" (1978:79). Symbols and systems of classification enhance a false sense of correspondence between objective structures and these mental dispositions, a phenomenon which Bourdieu terms 'doxa'. Through discourse, the arbitrariness of doxa is 'misrecognised', presented and perceived as 'objective' and 'natural'; reality is 'misconstructed', presented and prehended as self-evident; and the apparent appropriateness of actors' dispositions is reinforced, thereby encouraging their reproduction (1977:21).

Action that pursues self-interest may thus well wind up preserving structure. Indeed the power of discourse is such that laws, formal political systems and the overt use of force may well be unnecessary for doxa to be reproduced effectively. That is, it is not so much overt conflict as latent authority; not so much spoken, elaborated discourse as what Bourdieu calls 'undiscourse', the undiscussed, the taken-for-granted, the 'doxic mode of adherence' that is important in
reproducing relations of power and thus inequalities. Symbolic power, for Bourdieu, is "capable of producing effects without visible expenditure of energy" (1978:83). In the case of the Sherpas, as I shall show, the religious elite are masters in the control and exercise of such power.

Lukacs has drawn particular attention to the reification of structure, noting that, as a result of the control of knowledge:

"a relation between people takes on the character of a thing and thus acquires a 'phantom objectivity', an autonomy that seems so strictly 'rational' and all-embracing as to conceal every trace of its fundamental nature: the relation between people" (quoted by Taussig 1980b:3).

Marx, it seems, was well aware of the dangers of such reification, arguing that:

"the real world is not to be inferred from the study of the ideal; on the contrary it is the ideal which has to be understood as an arbitrary historical outcome of the real" (quoted by Giddens 1971:5).

Gramsci focussed much attention on what he refers to as 'paralysing' knowledge; on how hegemony is achieved through the control of knowledge by intellectuals, not by way of the suppression of criticism as much as by ensuring that it never has the opportunity to exist in the first place. Indeed Parkin defines power as "unequal access to semantic creativity". And Bloch (1977) argues that the function of symbols is to mystify, rather than reveal. Knowledge, however interesting, can never be disinterested. There is an important distinction to be made here of course between knowledge as information, and knowledge as 'meaning' (or as some may prefer, 'wisdom'; knowledge of the parts vis a vis knowledge of the patterns that connect them). Knowledge, as 'information', may be acquired, consumed, even produced, by an individual. But for many theorists, knowledge, as meaning - if this can be demonstrated to exist at all - is ultimately shared, is the product of social interaction. As Douglas says, "in the end, all meanings are social meanings" (1975:8).

Foucault's concern is with revealing this, with unmasking the apparent 'neutrality' of knowledge (1977, 1981). People, says Foucault:

"know what they do; they frequently know why they do what they do; but what they don't know is what what they do does" (quoted by Ortner 1984: footnote p.157).

Foucault is particularly concerned with the effects of such misrecognition. According to Foucault:

"all knowledge rests upon injustice... the will to knowledge does not achieve a universal truth ... its development is not tied to the constitution and affirmation of a free subject,
rather it creates a progressive enslavement to its instinctive violence" (quoted by Sheridan......:119-20).

Knowledge is not simply the expression of power, and certainly not the solution to power. Knowledge IS power.

Foucault quotes Servan:

"a stupid despot may constrain his slaves with iron chains; but a true politician binds them even more strongly by the chains of their own ideas; it is at the stable point of 'reason' that he secures the end of the chain; this link is all the stronger in that we do not know of what it is made, and we believe it to be our own work... on the soft fibres of the brain is founded the unshakable base of the soundest of Empires" (quoted by Sheridan146).

Power, then, according to Foucault,

"is to be found not in some primary, central point, in a single source of sovereignty from which secondary forms emanate. Power is ubiquitous, not because it is able to assemble everything under its invincible unity, but because it is produced at every moment, at every point, or rather in every relation of one point with another... power comes as much from below as from above. Power relations do not exist outside other types of relations (those found in economic processes, in the diffusion of knowledge, in sexual relations) but are immanent in them. They are the immediate effects of the divisions, inequalities, and imbalances to be found in them and, by a movement of return, the internal conditions of these differences. They do not belong to some superstructure, with a simple role of prohibition or mediation, they play a directly productive role. They are not governed by a total, binary opposition between dominators and dominated, which is then reproduced from top to bottom in ever smaller groupings... The intelligibility of power relations is not to be found in terms of causality but rather in a series of aims and objectives. However, these are not attributable to an individual subject, not even to a ruling caste, but arise in an apparently anonymous way from the local situations in which they first appear. Where there is power there is resistance, not in the sense of an external, contrary force, but by the very fact of its existence. Power relations depend on a multiplicity of points of resistance... just as there is no centre of power, there is no centre of revolt" (in Sheridan 183-84).

This is not to say, of course, that individuals and groups do not benefit or suffer from the expression of power - clearly they do, as I shall show in the case of the Sherpas. But there is a real danger in attributing such power merely to individual self-interest, without attacking its structural under-pinnings in relations of knowledge-power. For then one is in danger of merely replacing one exercise of power with another. Says Foucault:

"Power produces knowledge... power and knowledge directly imply one another; there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not pre-suppose and constitute at the same time power relations. These 'power-knowledge relations' are to be analysed, therefore, not on the basis of a subject of knowledge who is or is not free in relation to the power system, but on the
contrary, the subject who knows, the objects to be known, and the modalities of knowledge must be regarded as so many effects of these fundamental implications of power-knowledge relations and their historical transformations" (1977:27-28).

Now there are a number of problems with Foucault's approach which are (perhaps not surprisingly) reminiscent of our earlier concerns in relation to structural-functionalism. Firstly, Foucault has difficulty in dealing with the location and explanation of agency, and the precise nature of changes in its articulation with and through structure. Like Bourdieu's notions of habitus and doxa, Foucault's analysis suggests a somewhat 'closed' system of knowledge-power relations; a static, over-homogenised, even reified portrayal of structure that sits uneasily with the evidence of variation in knowledge within and between different actors in different arenas and contexts in day-to-day life. This is a serious and ironic weakness, as such variation is itself the effect of important socio-political factors and has important socio-political consequences (note, for example, Brunton 1980, G. Lewis 1980, Crick 1982). To locate power in relations may be theoretically stimulating but somewhat dissatisfying when confronted with evidence of real people exploiting or being exploited by other real people.

Secondly, Foucault is somewhat unclear as to the precise mechanisms by which knowledge and discourse enables control, and the differences in impacts of different forms of discourse. Foucault provides little analysis, for example, of the origins, nature and consequences of different 'codes' or how these vary and are distributed within different communities. Thirdly, while Foucault's approach has been applied cross-culturally, and to problems of development (e.g. Escobar...), such efforts have been somewhat tentative and not particularly practical, constrained in part by the abstractions inherent in discourse on discourse.

This leads to a further concern with Foucault's analysis, that of the limited attention given to self-reflexivity; to the importance of recognising the dialectical relation between the observer and the observed, the reality and the interpretation, the power of one's own discourse in influencing both the interpretation and, ultimately, the reality being interpreted. The failure to explore adequately the variation in knowledge within and between individuals is, I suggest, an important consequence of this underemphasis on self-reflexivity.

To be fair however, concern with the issue of self-reflexivity is at least implicit in most of the contributions discussed thus far. Bourdieu, for example, warned of the dangers of reducing all observed social relations to communication and meaning without recognising how such reduction is itself influenced by the filtering effects of the observer's own systems of communication and
sense of meaning. Even Geertz has stated that:

"nothing has done more to discredit cultural analysis than the construction of impeccable depictions of formal order in whose actual existence nobody can quite believe" (1973:18).

And Ortner, a student of Geertz, recently acknowledged that

"understanding how structures structure is vital to the continuing theoretical health of various forms of cultural and structural analysis. Without such understanding, interpretations that claim to see repeated cultural patterning in social and historical events remain open to the charge that such patterning is imposed by the observer, or alternatively that it is an aesthetic frill" (1989:127).

Yet neither Geertz nor Ortner has been able, I suggest, to shed themselves of this very temptation, encouraged, of course, by an audience of colleagues demanding intellectual theoretical stimulation and 'progress' as much as ethnographic detail and integrity.

Notwithstanding these concerns, a power-centred approach promises, I suggest, a more fruitful framework for the analysis of both socio-cultural structures and individual behaviour than that provided by either conventional structural-functionalism or the various forms of behaviour-centred analysis. In focussing on the dialectic between structure and agency, structure can be demystified, the co-existence of such apparent contraries as sociability and individualism can be understood, the constraints on individual choice can be examined, the significance of non-action can be appreciated, the variation and distribution of knowledge can be analysed, and the origins, processes and consequences of change can be charted and applied. Just as importantly, insofar as it attempts to confront the issue of the arbitrariness of knowledge and discourse, ethnography itself appears more as a dynamic process, willing to engage, at least, with the challenges of subjective experience and ethnographic complexity, even if unable always to guarantee a wholly satisfying result.

1.3. Exchange theory.

If power is to be seen essentially as a relation, then the links between this approach and anthropology's time-honoured preoccupation with exchange and reciprocity warrants at least a brief examination. The focus of British (and American) structural-functionalism (and particularly Homans 1961, Blau 1964) tends towards 'economic' conceptualisations of exchange, where exchange is essentially utilitarian, the product of and vehicle for individual agency. Inequalities arising from such exchanges are rarely examined, or are treated as the inevitable (and rational) product of innate maximising behavior (Blau 1964).
French and German exchange theorists on the other hand (e.g. Mauss, Durkheim, Levi-Strauss) have focussed more on the social dimensions of exchange. Levi-Strauss proposes that structure is not created by individuals as much as is expressed through them. Generalised exchange, (seen to involve complex and essentially social exchanges, between multiple parties, of gifts whose value is determined by notions of equivalence rather than identity) is treated as constitutive of solidarity and trust, and thus is regarded as more significant for day-to-day life than restricted exchanges, which more commonly involve transactions of commodities between dyads, and which tend to lead to atomism, individualism and stratification. Yet neither the 'economic' nor the 'social' exchange theorists have developed a sustained theory of power. Both tend to assume a distinction between economic and social exchange with one inevitably impacting negatively on the other. As Sahlin's (1974, 1981), Gregory and other critics of the neoclassical economic approach have shown, such assumptions can be highly misleading. Certainly this is so in the case of the Sherpas.

Heath, in attempting to marry social exchange theory with economic decision theory argues that 'rational' choice is the basis of exchange, even though such choice is socially determined. The choice is 'rational' not because it is based on complex computations of probability but because of the guarantee of return through the socio-culturally enshrined principles of reciprocity. Scott's so-called 'moral economy model' which asserts that peasants choose according to a 'safety first principle' (even at the price of exploitation and inequality) is founded on somewhat similar assumptions. As I shall show in subsequent chapters, there are some serious weaknesses in this approach as well.

Barth (1967:69.), one of the founding fathers of transactionalism, was concerned to move exchange theory away from the concept of maximisation of material rewards and self-interest alone, and towards one which - in holding the assumed internal unity and logic of structures of exchange to be problematic - could incorporate the notion of the pursuit of maximisation within social exchanges, and account for changes in these over time. Asad (1983), however, has strongly criticised Barth's approach, arguing that, at least in the case of N.E.Pakistan, Pukhtan landlords exert domination not through transactions but rather through their control of caste ideology.

In a more recent study of the Baktaman of PNG, Barth directed more attention to the importance of access to knowledge and how this is controlled through the control of transactions. Indeed, the whole notion of transaction of knowledge and meanings (as well as of material goods) in
exchanges is receiving increasing attention within exchange theory in recent years. One result is that increasing emphasis is being placed on communicative codes, discourses, and mechanisms of mediation between contrasting ideas and values, vis a vis the conventional focus on overt mechanisms of competition for scarce resources. An analysis of Sherpa exchanges demonstrates the importance of this emphasis.

There is a significant difference of course between knowledge which facilitates economic exchanges, (and perhaps, in some cases social exchanges), and that facilitating spiritual exchanges. The former requires knowledge about such things as current market price structures, supply and demand factors, (the parts?) and computational, bargaining and ‘impression management’ skills: what I will refer to as ‘technical’ or ‘operational’ knowledge. The latter on the other hand requires knowledge about the origins and nature of cosmic order, of supernatural forces, of abstract models concerning the relation (patterns?) between the secular and spiritual realms and one’s own place within it: what I will call ‘spiritual’ or ‘interpretive’ knowledge. (Keesing 1982 uses a similar distinction, but for different purposes).

While the former is generally available to those who seek it (depending on such factors as their ‘intelligence’, education, occupation, wealth, status and so on), access to and control over the latter is often restricted to those who are initiated into it (or, in some cases, born into it). In the case of the Sherpas this distinction is of fundamental importance in maintaining the more general differentiation between the high and the low, a differentiation which lies at the heart of social as well as cosmic order.

The relation between exchange and communication and its implications for political organisation is, of course, a fundamental concern in anthropology. Leach (1976) for example focussed much attention on this relation, arguing that reciprocity says something as well as does something: "in practical affairs, communication and economics can never be separated" (1976:6). In Melanesia a variety of anthropologists concerned with exchange have pointed out the importance of oratory and other forms of discourse for controlling the knowledge on which authority (as distinct from the overt use of force) is founded and reproduced. Marilyn Strathern (in Fardon 1985) writes:

"being able to convince another of the context in which interaction is taking place is tantamount to a structuring of value or power." (1958:64)

The focus for analysis should thus

"switch from the substantives themselves - gender, power, prestige - to the relational nature of their appropriation through discourse." (......63)
In Africa, Victor Turner (1968) argues that Ndembu rituals serve to recreate, over and over again, the symbols and categories by which meaning is transmitted and exchanged, thereby reproducing a conscience collective in the face of social instability. And, in the case of the Sherpas, Ortner (1970) argues that 'dominant symbols' serve to mediate the contradictions inherent in Sherpa society between religious and lay occupations, statuses and views of the world. Kapferer (1976) and Pessar (1976), applying Derrida’s concept of structuration through performance, have argued that the important performative aspect of rituals shows that they are generative of reality - and of transformations of that reality - rather than merely static, functional mechanisms for the reproduction of structure.

Paine (1976) develops this notion further in distinguishing what he refers to as 'incorporation' (I) exchanges and 'transactional' (T) exchanges. According to Paine, the former are essentially socially determined (while the latter are more economically determined); are enacted for/by the group as much as for/by the individual; are concerned with the exchange of gifts/equivalences rather than commodities/identities; are more enduring and more onerous than the latter, and lead to social integration and engagement with hierarchical structures, rather than the latter's tendency towards stratification, disengagement and atomism. Despite these differences, however, or perhaps because of them, there is an important dialectical relationship between the two. T exchanges are always constrained by, but are impossible without I exchanges.

Sansom (1976) extends this approach further by suggesting that restricted exchanges (approximating what Paine calls T exchanges) tend to be expressed in what Bernstein (1971) calls an 'elaborated' code, while generalised exchanges (Paine's I exchanges) tend to be expressed in a 'restricted' code. (For an explanation of these terms see Section 1.4 below). Cohen and Comaroff (1976) suggest that political power derives in part from the ability of individuals to control the production and utilisation of 'restricted' codes, to translate elaborated codes into restricted codes, and therefore to impose arbitrary constructions of reality on others. According to Cohen and Comaroff,

"the capacity to manage meaning [through exchanges] is perhaps the most valued and the most valuable resource structuring political life" (1976:103).

Perhaps. But valuable to who?

1.4. Discourse, codes and power.

"To divide is characteristic of vijñāna (discursive understanding), while with praṇjya
(intuition) it is just the opposite. Prajñya is the self-knowledge of the whole, in contrast to vijnāna which busies itself with the parts...vijnāna cannot work without having prajñya behind it”.

- Suzuki (quoted by V. Turner 1975).

One of the more important contributions to our understanding of the knowledge-power nexus is, I suggest, Bernstein’s theory of codes (1971). For Bernstein,

"how a society selects, classifies, distributes, transmits and evaluates the educational knowledge it considers to be public reflects both the distribution of power and the principles of social control" (1971:202).

Bernstein develops two complementary concepts, that of ‘classification’ (i.e. the nature and degree of control of the maintenance of boundaries between various classes of knowledge), and ‘frame’ (i.e. the nature and degree of control of access to this knowledge). These are determined by and reproduced through the effects of two major forms of ‘code’, namely a ‘restricted’ (R) code (characterised by non-verbal, implicit, symbolic, field-dependent communication), and an ‘elaborated’ (E) code (characterised by more explicit, verbal, discursive communication).

Codes are not speech variants (parole), however, as much as regulative structural principles (langue), and are therefore intimately connected with the basis for the distribution of knowledge and power within particular societies. That is, codes are a function of culture, rather than vice versa as the Sapir-Whorff thesis suggests. While an E code is more or less accessible to all who pursue it (according to one’s interest, education, etc.), and affords at least the possibility of agency, access to an R code is determined more by ascribed factors such as heredity; by structure rather than agency. Access to an E code does not guarantee access to meaning, far less authority. And access per se to an E code does not, of course, equate with control of the E code, far less with control of an R code.

In the case of the Sherpas, technical/operational knowledge, expressed through an E code, enables the manipulation of economic exchanges. It does not, however, enable the manipulation of such fundamentally important spiritual exchanges as healing and the acquisition of merit (although it may well complement them). For these, access to the relevant R code, and the relevant means of discourse (texts, mantras etc) through which this code is expressed, is necessary. The distinction between E and R codes corresponds, in a number of respects, with that between vijnāna and prajñya. Both lay Sherpas and the religious elite have access to the former and use this capacity to dissect and analyse in the business of day to day life. The efficacy of such analysis, however, is
dependent upon the capacity to subsequently integrate and synthesise, to restore unity and order to that which has been deconstructed and pulled apart (for often self-interested reasons). The point is that this capacity to synthesise, this 'self-knowledge of the whole' is considered to be the prerogative and function of the religious elite. The lay Sherpa may or may not have the wherewithal to access such knowledge, but he/she cannot control it. As Douglas has commented:

"the free exercise of our faculties is limited by the media of expression. There are areas of experience which can be investigated in one speech code but not the other. There are social relations possible for one but not the other". (1970:156).

There may, of course, be a number of variants and 'levels' of these codes within a given group within society. Thus, for example, while a Sherpa lhawa (shaman) may have access to a 'low' form of R code, enabling communication and the management of exchanges with 'low' supernaturals, only a celibate reincarnate (male) lama will have access to the 'highest' R code enabling communication and exchanges with the highest deities. Codes thus serve as important identity markers of both different roles and of different social events, and the relations of power obtaining in these. (Note that the lack of access to an R code does not equate with lack of conceptual capability, but may constrain the development and expression of this in certain specific areas and contexts. Note also that a particular code is not necessarily characteristic of a particular society, nor does it reflect on the 'rationality' or otherwise of its knowledge systems).

The relation between 'classification' and 'frame' is generally - though not always - mutually reinforcing. As 'classification' and 'frame' become increasingly strong and embedded in the structure of knowledge-power relations, the opportunity for agency decreases, the significance of the R code as a means of distinguishing those with and without access to interpretive knowledge increases, and the efficacy of covert, doxa-based systems of authority (rather than, for example, charismatic authority or the overt use of force) increases. Arenas for the exchange of knowledge become increasingly sanctified, and axiomatic. The how, why and when of communication becomes more and more significant relative to the what. Authority is increasingly ascribed rather than achieved. Education systems are increasingly based on rote, modelling, and acceptance of the 'naturalness' and 'objectivity' of labels and systems of classification and frame, rather than on cognitive stimulation and individual analysis and creativity. Information is altered to conform with values rather than vice versa, and value analysis and comparison itself is more and more constrained.

Parole in ritual contexts becomes less personalised; less open to argument and negotiation and
the expression of emotions; less verbal; less valued as a means of achieving desired ends. Condensing or 'summarising' symbols and metaphors become dominant, rather than the 'elaborating' symbols or metonym characteristic of the E code. The receiver of information increasingly accepts the ascendancy of the transmitter and takes the content of the information at face value, with less emphasis placed on interpretation and evaluation. As we shall see, such a situation describes healer-patient communication among the Sherpas fairly accurately.

In sum, increasing classification and frame, and the increasing significance of an R code, results in increasing constraints on agency and increasing opportunity for the reproduction of a structure of hierarchy and the maintenance of social control. Paine comments that:

"it is really only in the T mode of exchange that there is opportunity for competition and a struggle between sender and receiver roles, for in the I mode the tailored-to-fit messages that are sent are mutually held to be correct" (1976:76).

What is important here, however, is that they are not necessarily mutually meaningful, or even intelligible. In fact Cohen and Comaroff (1976) refer to the role of healers, priests and others who control interpretive knowledge through control of an R code, as 'brokers' of meaning. It is in the interests of such brokers to maintain a degree of unintelligibility between the respective parties in an exchange that they are mediating, in order to render each party dependent on them for both the pursuit of information and the interpretation of meaning. Increasing classification and frame, and the increasing significance of the R code is thus dialectically linked with increasing hierarchical differentiation and, ultimately, increasing inequality (see Gumperz, Hymes1964, Giglioli). The case of the Sherpas provides considerable support for this view.

Now recall that codes (and the R code in particular) need not be expressed verbally. Indeed, just as covert influence is often a more pervasive form of authority than overt expressions of force, so too is power produced and reproduced effectively through nonverbal forms of discourse. Indeed Basso (in Giglioli) comments that:

"a knowledge of when not to speak may be as basic to the production of culturally acceptable behaviour as a knowledge of what to say" (1963:69). "It is not the case that a man who is silent says nothing" (1963:67).

Frake (in Giglioli) also notes, in the case of the Subanun, that "to 'speak' appropriately it is not enough to speak grammatically, or even sensibly". Ferguson (in Giglioli) has demonstrated that while the high spiritual knowledge of religion is conveyed in a high, standardised and often written sociolect, relatively 'lower' knowledge such as that pertaining to secular exchanges is often
expressed in a relatively lower oral tradition. (Note also Labov in Pride and Holmes 1973.) Platt comments that:

"speakers regard H ['high' sociolect] as superior, and in fact may even deny the existence of L ['low' sociolect] so that an outsider would be taught only the H, even though the H form is quite inappropriate for so many functions" 1981:86).

During my fieldwork I often sensed that this was the case; that my failure to engage Sherpas in discussion about abstract (and, in particular, spiritual) matters was not just because they could not discuss such things so much as because I could not do so, particularly in the appropriate sociolect. At the same time, the advice - received from so many informants - to 'go ask Lama', appears, on reflection, to have indicated the very real disjunction between the language of the laity and that of the religious elite, and the constraints on communication which this imposes in Sherpa society.

Language may thus constrain communication as much as facilitate it. For Hayakawa (1939), 'ritual language' (expressed in R code) has the function of affirming social cohesion more than communicating information. And for Bloch (in Fardon 1985) the very inarticulateness and imprecision of ritual language makes it both flexible and incontestible. As distance (social and hierarchical as well as spatial) between those involved in a relationship increases, communication tends to decrease, to be more influenced by an R code, with increasing significance given to the vehicles of that code, to the means of communication rather than the substance of what is communicated.

The power to constitute reality through discourse can thus be said to lie not in parole but in langue; in the relations which generate, authorise and constrain communication. As Parkin (in Fardon) has said, "control how it is said and you control what is said" (1985:57). Knowledge which is imposed verbally, and simply consumed without being understood and amenable to interpretation, is not of itself empowering. Indeed, to the extent that it engenders dependence and passivity, and submission to the structure of relations of hierarchy, it may well prove to be disempowering. Real power lies in controlling the means of production and distribution of knowledge rather than simply the means of its expression and consumption. The challenge in the analysis of discourse is thus not simply to analyse what is said but also to analyse how and why it is said or not said and by whom, when and where.

Goody and Watt have drawn particular attention to the role of literacy and texts as vehicles for the control of knowledge. Where a literate tradition exists, or, rather, where access to it is restricted
to an elite, as is the case among the Sherpas, the significance of codes increases. Literacy - particularly alphabetical literacy - is an important instrument in reifying, objectifying and depoliticising knowledge about the 'natural' and social order. It also serves to promote increasing specialisation of roles, and to reduce the significance of elaborate oratory for authority. Through control of literacy, control of formal learning systems can be achieved, and through control of such learning, the control of knowledge and thus power. (Indeed it is now increasingly accepted that there is a complex 'culture of literacy' that must be effectively accessed and manipulated if literacy programs for disadvantaged groups are to prove sustainable).

Central to the power of discourse is the impact of labels in constructing (or, at least, prehending) reality. Such labels are often derived from taxonomies whose arbitrariness remains misrecognised. Labels are tools par excellence in 'blaming the victim'. Yet a world without labels is hard to imagine. Geertz (1973) talks of the 'suffering' caused by 'thingless names and nameless things'. If a picture paints a thousand words, then so too does a label. The ability to control what these words are, who has access to them and when, who is impacted by them and how they are variously understood is critical to the control of knowledge. The greater the degree of strength of classification, frame and the R code, the more significant is the control of the process of labelling. As we shall see, the control by healers of the production and application of labels, for both sickness and states of health, is vital to the control exercised by healers over the health-seeking process. Indeed the whole notion of 'choice' in the health-seeking process becomes problematic when viewed in light of the control of knowledge and discourse. As Parkin (1976) has commented:

"choices are set in ordered categories of social and personal meaning over which the individual per se has little if any control... the constraints on choice are the limitations of any grammar of communication." (1976:164).

1.5. Implications for medical anthropology.

It is somewhat ironic - and, I suggest, highly revealing - that the growing interest within anthropology in the notion of power and the 'theory of practice' has yet to exert a significant impact on medical anthropology, considered by many to be one of the more innovative and 'applied' branches of anthropology. In fact, a perusal of the mainstream medical anthropology literature indicates a pre-occupation with very different concerns: with, for example, studies of 'choice behaviour', emphasising the individual and assumptions of maximisation and 'rationality'; or studies which focus on the inner logical consistency of beliefs and symbols of healing, their socio-political dimension quietly bracketed out. The discourse is distinctly medical, and continues to reproduce a medicalised view of what is health. Disease is often still assumed to exist as an
objective fact. Occasionally there is a call for a redistribution of resources, a re-orientation towards self-healing, Pre-Primary Health Care, 'management of health by the people' etc, but rarely is this rhetoric accompanied by realistic strategies for putting this into practice. Indeed medical anthropology has little in common with an anthropology increasingly concerned with power, knowledge and discourse, and the challenges of change.

And yet, sickness and healing provides, of course, a potentially rich context for the analysis of relations of knowledge-power, and vice versa, because it is of such profound importance to (and yet simultaneously so problematic for) the well-being of both the individual and the community as a whole. Tylor once suggested that religion itself ultimately traces its origins to the need to explain and manage sickness. The symptoms of a particular sickness present a direct physical threat to the individual, but they also present a metaphysical threat, and a social threat, insofar as the individual rarely fully understands their causes or the direction they may take, and is often dependent for their management on the knowledge, attitudes, skills, equipment and discourses of others.

Healing is often described in terms of overcoming 'social dissonance', managing social alienation, re-establishing a 'satisfying reference point for the self in society' (see, e.g. Chilivumbo in Grollig..1976, Good and Good1980). I. Lewis (1971) argues that many cases of spirit possession are in fact responses to social deprivation, including gender inequalities. V. Turner's analysis of Ndembu rituals of affliction' (1968), is predicated on what he regards as the underlying tension between matriliney and virilocal residence, and the lack of centralised, formal political structures in that society. G. Lewis (1975) refers to the overt social dimension of sickness and healing in Gnau society as deriving from the overt division between genders, the significance of the gerontocracy, the pervasiveness of patriliney, and the disjunction between internal harmony in Gnau society and external conflict and warfare. Variations in social networks have a significant impact on the nature of care, lay referral, choice behaviour, determinants of efficacy and so on (Janzen1978., Zola 1964, McKinlay in Eisenberg and Kleinman1979).

Recognising the important link between sickness and healing and social control, Comaroff (1981) writes that:

"the context of affliction is an important locus both for the reinforcement and the reformulation of sociocultural categories" (1981:367).

"Healing processes powerfully reinforce the validity of meanings drawn from the dominant forms of knowledge in the wider culture. Healing affirms the hegemony of established images of the self and context... affording privileged insight into the
relationship between individual experience and the socio-cultural order, a relationship which lies at the heart of social transformation more generally. And the evolution of therapeutic systems themselves cannot be considered adequately without taking account of these more encompassing processes" (1981:369).

Similarly, Taussig comments that symptoms are

"signs of social relations, disguised as natural things, concealing their roots in human reciprocity" (1980b:3).

Healers, he suggests,

"exploit a social relationship in such a way that its power to heal is converted into the power to control" (1980b:10).

Healing exchanges tend to be 'I' exchanges involving little opportunity for agency, and expressed through an 'R' code, with the healer serving an important role as a broker. Through sickness and healing, ideas, categories, norms, discourses and behaviours relating to order in the cosmos as a whole are both produced and reproduced. A focus on power demonstrates that sickness and healing are not mere epiphenomena of the social and material conditions of life, but are an active force both promoting and constraining their production.

Control of knowledge about sickness and healing is, as we have already seen, maintained in a variety of ways: through internal self-regulatory control within the healing professions and restrictions on access to membership of these professions (whether through academic examinations, heredity rules or the need for a legitimated divine 'calling'); through keeping healing knowledge to appear alien, confusing, and even threatening for the 'nonprofessional' and uninitiated (whether because this knowledge is couched in terms of the discourse of medical 'science' or the 'supernatural'); through the control of the process of initiation into and empowerment of knowledge; through control of the symbols, labels, systems of classification and so on which order this knowledge; through the control by healers of the myths, texts, codes/sociolects, mantras, and so on through which such knowledge and its representations are produced, expressed, distributed and evaluated; through control over the legitimation of actual therapies; and through control over the actual paraphernalia and material substances (offerings, spirit traps, medicines, etc) used in healing.

The control of the production and application of labels for the causes and symptoms of sickness is particularly significant here. Bourdieu's notion of 'symbolic power' involves, in part, "the power to
constitute the given by stating it" (1978:82). Labels - or, more accurately, the legitimacy which is bestowed on them and those who produce and apply them - can be said to produce the sickness they refer to. Obeyesekere has noted that "ayurveda creates diseases that could hardly exist in a different system" (1977:219). The same applies in the case of all healing systems. B. Turner (....), for example, notes how the label 'leprosy' has been used by the allopathic medical establishment to create such a threatening 'disease' that its sufferers (undesirables) were able to be removed from normal social milieux, thereby satisfying particular historical political imperatives.

Similarly, Ehrenreich (1978) notes the ease with which women have been classified as inferior and undesirable (and even evil), and denied access to equal employment opportunities as a result of the medical establishment's labelling of conditions relating to female reproductivity as 'diseases', requiring the intervention of and control by medicine. (The label 'hysteria' for example - closely related linguistically to 'hysterectomy' derives from the Greek word 'hystera', literally 'womb'). More recent examples of the arbitrary origins and profound (but masked) sociopolitical consequences of medical labelling and its capacity to 'blame the victim' include the labels 'schizophrenia' and 'AIDS'. Note that the term 'malady' derives, of course, from the Latin 'malus', literally, 'evil'. That is, medicine claims to cure evil. The link with religious values here is important.

Fabrega (1974) and others have demonstrated that medical knowledge about the body is inherently subjective. Wright and Treacher (1982.) have in fact argued that there is an underlying collusion between knowledge of the body, the legal system and the political system (or body politic) in the West. And this, of course, was one of Foucault's main concerns, i.e. between medicine and what he refers to as 'discipline'. For Foucault, the medical pre-occupation with invasive therapy (i.e. surgery etc.) is made possible by (and helps to affirm) the control of bodies, making them docile, and making patients passive. This, in turn, is facilitated by the control of the process by which causes and symptoms are identified and labelled within medical practice. Central here is the physical examination.

Now, there is an important distinction here between what I shall refer to respectively as 'divination' and 'diagnosis'. In divination, the causes of sickness tend to be sought outside the individual, often in (and through) the supernatural/spiritual realm, by specialists who control the knowledge, discourses, paraphernalia etc. giving access to this realm by virtue of what is generally an ascribed status and role. Such access is generally achieved through 'I' exchanges, insofar as they tend to involve exchanges of equivalences (e.g. offerings of food etc. to the gods in return
for their assistance with healing). These exchanges are enacted and controlled by specialists through an 'R' code; serve to restore order and harmony within the wider framework of socio-cultural relations; and seek to reincorporate the individual within this framework. In many instances divination may be regarded as a form of social analysis and therapy (whether this is explicit or not), insofar as it identifies causes in terms of a disturbance to relations, and prescribes responses which restore these relations.

'Diagnosis', on the other hand, involves the search for causes located (or at least manifest) more within the individual. The physical examination is the method of diagnosis par excellence. Labels constructed and applied through the process of diagnosis tend to reflect symptoms more than causes. While divination may be public and spiritually based, diagnosis tends to be private and secular. Diagnosis thus tends to be regarded as a 'low' activity relative to divination. It generally involves dyadic 'T' exchanges between healers and patients through an 'E' code.

Nevertheless diagnosis itself, like divination, remains essentially subjective and interpretive, despite its claims to objectivity. It produces and reinforces arbitrary classifications, through which control over knowledge is maintained. Indeed diagnosis and divination are vitally important arenas for the production of knowledge more generally. As Mishler argues,

"diagnosis is an interpretive practice, an art, through which illness is constructed rather than discovered" (1981:156).

Both divination and diagnosis are challenged by patients far less than are treatments (Blaxter 1978) and are thus done as early as possible in a healing encounter. Indeed the process of diagnosis is often considered by patients themselves to be as important as the subsequent prescription/therapy. Divination and diagnosis play an important role in directing patients to socio-culturally acceptable 'patient roles'. Waxler comments that "people diagnosed as having a particular disease learn 'how to have it'" (in Mishler 1981:169). Indeed, the influence of a particular diagnosis extends well beyond (and after) the sickness episode itself.

Here then are some key ideas about sickness and healing which I shall develop further in relation to the Sherpas in Parts II and III of this thesis. I shall demonstrate that, despite the apparent availability of multiple therapeutic alternatives, there are significant constraints on interpretation of causes; on the choice of healers or therapies; on the mobilisation of group support for the management of therapy and care; on communication and negotiation with both healers and causative agents; and on the evaluation of efficacy. Central to such constraints is the control exercised by healers over the exchanges through which healing is deemed to occur. This control
derives from control of the knowledge pertaining to such exchanges, which in turn derives from control of the various discourses through which such knowledge is produced, expressed, distributed and evaluated.

Before embarking on this analysis, however, it is clearly important first to explore the wider socio-cultural context in which sickness and healing is embedded and, in particular, to examine how this context is animated by the broader relation between structure and agency. This is the aim of the remainder of Part I.
CHAPTER 2:

THE SHERPAS: AN INTRODUCTION AND A HISTORY.

2.1. Geography

"High are the mountains
The Buddha lives in them
This is my homeland
More beautiful than heaven"

- Sherpa song.

The term 'Sherpa' is the label given to a variety of communities with cultural roots in Eastern Tibet, and today inhabiting the high mountains and valleys of the Nepal Himalaya. (The term is derived from the Tibetan 'sharpa', literally 'easterner'). The most famous Sherpas are those inhabiting the Khumbu region in N.E. Nepal. (The term 'Khumbu' may be derived from Khamba, literally, people of Kham - the original homeland of the Sherpas in Eastern Tibet). Sherpa communities are also found, however, in the Pharak and Solu regions to the south of the Khumbu, in the Rolwaling valley to the west, the Arun valley to the east, and the Bhandar and Helambu regions further west, as well as in Sikkim, and of course in the metropolitan centres of Kathmandu and Darjeeling. (A detailed comparative study of these different communities and their histories has not yet been undertaken and remains an important research objective).

Fig 2.1 Map of Nepal.
In 1976 the Khumbu region was gazetted as the Sagarmatha National Park (the word Sagarmatha is the Nepali name for Mount Everest), and was included on the World Heritage list in 1979. The Park encompasses a total area of 1243 sq.km., with approx 130 sq. km. being villages and privately owned land. Only 0.6% of the land is arable, a further 2.2% is forests, and the remainder is steep glaciated mountains and valleys. Altitude ranges from approximately 3000m. at the confluence of the Bhote Kosi and Dudh Kosi rivers below the village of Nauje (Namche Bazaar), to over 8800m at the summit of Mount Everest.

The major villages are located in the Thame valley (westward of Nauje along the Bhote Kosi) and in the Dudh Kosi valley (northward of Nauje.) Yerpa (high altitude summer pasture settlements) are also located in the Gokyo valley and the upper tributary valleys of the Bhote Kosi, Dudh Kosi and Imja Khola. The largest single settlement is the twin villages of Khumjung-Kunde, an hour's walk above Nauje. The oldest settlements are Pangboche and Thame, followed by Khumjung-Kunde, Phortse, the smaller villages of the Thame valley, Dingboche and, more recently, Nauje and Tengboche.

Fig. 2:2 Map of the Solu-Khumbu.
Average rainfall ranges from 2 mm. in December to 280 mm. in July, and average minimum temperatures from -10 deg.C in January to +4 deg.C in July. Seasons are thus very significant to the Sherpa economy and, by extension, to sociocultural life. The rugged terrain and cold winters mean that agriculture is difficult and limited. Animal husbandry and trade and, more recently, tourist-related activities (i.e. more individualistic patterns of economic activity) are thus essential to survival. Settlements are small and, until recently, only semi-permanent.

Ecologically, the Khumbu is diverse and unique, and in a very fragile condition. While deforestation occurred prior to the introduction of tourism and the mass influx of Tibetan refugees (and their animals) in the 1960s, the current demand for firewood (5,000 tonnes per annum in 1984 according to an AREA survey) and building materials has increased significantly with the demand for tourist accommodation and services. Other factors in environmental degradation include refuse pollution from mountaineering expeditions and trekking groups, the increasing number of goats and sheep and other animals, the declining significance of the nawa and shingnawa (the traditional community-appointed controllers of pasture and forest land respectively), and the consumption of firewood by non-Sherpa police and other Government staff stationed in the Khumbu.

2.2. Demography.

The total population of the combined Solu Khumbu region today is approximately 33,000, of whom approx. 18,000 are Sherpas. In the Khumbu, the population is approx. 3,500. The great majority of these are Sherpas (although there are approx. 400 non-Sherpa Government staff stationed in the Khumbu and approx. 150 Tibetans). The population size varies considerably, however, according to the season, reflecting again the individualistic nature of economic activity. (In the winter months many Sherpas are away on expeditions/treks, on pilgrimages, or visiting Kathmandu). Demographic data is thus somewhat confusing. In 1957 von Furer-Haimendorf estimated the population at 2205. In 1970 Lang and Lang estimated it at 2761, and in 1971 Bodenmann produced a figure of 3119. (This figure did not, apparently include the Thame valley!). Fisher however, in 1978, estimated the figure to be 2474, and Pawson et al, in 1984, claimed the figure was 3108. Pawson also claims that there was only a 5% increase in population of ethnic Sherpas between 1970 and 1982. (This includes a 46% increase in the number of males living in villages along the major trekking routes, and a 6% decline in population in other villages. The number of non-Sherpa Nepalis living in the Khumbu increased by over 300% in the same period).
In 1970 Lang and Lang estimated an average CFR of 4.8 and an average age at first pregnancy of 23.5. While poorer families are larger, (partly because of their dependence on labour), fertility rates for Khumbu Sherpas as a whole are relatively low (see Weitz 1978, Gupta 1980, Pawson et al 1984). This may be due in part to the lengthy absence of both men and women on trade and trekking expeditions, but is also likely to be due to the effects of hypoxia (there is a high rate of early spontaneous abortions) and a relatively late average age of menarche (17) as well as a relatively late age of marriage (24).

According to Pawson et al (1984) there have been some significant shifts since 1970 in occupational patterns among Sherpas. They assert, for example, that the percentage of Sherpas engaged primarily in agriculture and animal husbandry has decreased from 21.5% in 1970 to 8.8% in 1982 (with a decrease from 15.0% to 4.5% in so-called 'acculturated' villages i.e. those on the major tourist routes). The percentage engaged primarily in tourism has increased from 9.7% to 14.9% (a remarkably low estimation in my opinion); in shopkeeping from 2.7% to 4.0%; and in hired labour from 1.1% to 4.0% (a remarkably high estimation). Surprisingly, they also assert that the percentage engaged primarily in religion has decreased from 11.6% to 6.7%, with the decrease in 'acculturated' villages being from 3.8% to 1.7%. Such data conflicts both with Von Furer-Haimendorf's observations (1984) and my own observations and surveys in the Thame valley.

2.3 The Thame valley.
The Thame valley, sometimes referred to as Thamechoa, is where I did most of my fieldwork. The valley descends from two important high altitude passes, the Teshi Labcha (leading to the Rolwaling valley to the west) and the Nangpa La (the main trade route to D'ing-ri in Tibet, to the north). There are permanent villages in the valley yersa, and gunsa (lower altitude winter agricultural settlements). There is a total of 449 houses in the valley, of which 180 are located in yersa. The oldest and largest settlement in the valley is Thame Ong, located at the base of a glacial valley. This is the village where I lived. Approx. 150m above the village is the Thame gonda (celibate monastery), home to monks and nuns. To the northwest, on the other side of the glacial moraine, is the village of Thameteng , and the nearby Kyerok gonda (with approx. 10 monks and nuns). Lower down in the valley towards Nauje is the village of Thamo, and a small gonda inhabited by a dozen or so Tibetan nuns. Above Thamo is a smaller Gelugpa gonda. On both sides of the river are a number of smaller settlements including Pare and Hongu.
The Sherpas of the Thame valley, as a group, are different from other Khumbu Sherpas in some important ways. Firstly, while their proximity to Nangpa La (the trade route with Tibet) has meant that proportionately more villagers relied on trading activities for their subsistence than did Sherpas from other villages, and while the early history of Thame settlement was intimately linked with trade, few Thame Sherpas over the last 100 or so years have engaged in the large scale entrepreneurial trading, or have amassed the wealth characteristic of families in Nauje or Khumjung-Kunde (see Chapter 4). Furthermore, few Thame Sherpas (with one or two notable exceptions) have become important actors in the tourist industry. Indeed, the valley remains somewhat marginalised from the main tourist route. Life is perhaps less affected by the changes which tourism has brought, and many villagers appear happy for this to remain the case. (This is partly a result of the brake on entrepreneurial pursuits applied until recently through the influence of the gonda in Thame).
Secondly, while there are few non-Sherpas resident in the valley relative to elsewhere in the Khumbu (or perhaps because of this), status distinctions are perhaps more important to Thame Sherpas than others. Status distinctions are based less on wealth and more on descent and spiritual qualities. These distinctions are particularly noticeable on social and religious occasions, and the differentiation of the 'high' from the 'low' is a pervasive theme in social discourse. (This differentiation is similar, but not identical, to that between the 'big' people and the 'little' people that Ortner has stressed in her various studies of Solu Sherpas). Certainly there is less evidence in Thame of the egalitarianism described by von Furer-Haimendorf (1964) in the case of Khumjung-Kunde.

Thirdly, the introduction of celibate monasticism in the Khumbu early this century (see chapter 5) was centred on Tengboche, and the Thame gonda has become celibate only in the last 30 or so years. The Kyerok gonda is still presided over by a married lama. The result has been that while the Thame gonda and its relatively young, celibate, reincarnate Rimpoche is gaining influence, the married village-based ngapa lamas and lhawa-minung (shamans and diviners) are perhaps more popular and more frequently utilised than is the case elsewhere. (This may partially explain why Ortner and Paul's oft-repeated assertions that 'shamanism' has virtually disappeared does not hold true for Thame Sherpas). Indeed, Thame valley has a reputation among Sherpas of other areas for having the largest number of traditional healers (both today and in the past), and the most 'traditional' forms of rituals such as dumje.

Fourthly, the people of Thame are, on the whole, more cynical about the impacts of the Park and the Nepalese panchayat system of Government, and feel that they are under-represented and even marginalised in the decision-making process. Certainly they feel that the benefits of development in the region have been unevenly distributed. Finally, as all of the above implies, Thame Sherpas are perhaps more bound by tradition than other Sherpas, more wary of change, more constrained by an idealised view of the past and an uncertainty of the future. Indeed, an enormous variety of events ranging from bad weather to floods, drunken conflicts at religious rituals to sicknesses, inflation at the market to the number of tourists arriving, were explained in terms of the consequences of Sherpas (usually other Sherpas!) departing from traditional ways.

There are still, today, a number of significant inter-regional conflicts, many of which clearly originate from the time of settlement (see below). Such conflicts are seen in both political affairs (e.g. debate over responsibility for bridge-building and trail repair after a flood) and in social affairs (e.g. the allegations
of a high prevalence of poisoning in the newer villages on tourist routes) as well as in religious affairs (e.g. disagreement over the 'correct' method for performance of major rituals and festivals such as dumje). A number of informants commented to me that "Thame people and other people are two kinds of people". Differences between the Khumbu region as a whole and the Solu region, however, are even more pronounced.

Clearly, then, extrapolating from events and phenomena in one Sherpa community to another - and, as we shall see, from one time to another - is, at best, problematic. Indeed, the assumption of a single static homogenised Sherpa 'community', even within a region such as the Thame valley, ignores profoundly important variations. One of the weaknesses of the Sherpa ethnography as a whole, to date, is that this variation has not been sufficiently documented and accounted for. All Sherpas clearly do not think, feel and act in the same way as von Furer-Haimendorf's friends in Khumjung-Kunde in the early 1950s, or Ortner's friends in Junbesi in the late 1960s, or my friends in Thame in the mid 1980s.

2.4. Sherpa history prior to 1950.

As a number of ethnographers (e.g. von Furer-Haimendorf 1964, 1984, Oppitz 1968, 1974) have noted, most lay Sherpas do not have - or, more importantly, do not readily profess - a detailed knowledge of their history (lorki), or, indeed, of even their recent past. In the early stages of my fieldwork I encountered a considerable degree of reticence among the laity in even venturing an opinion about the past, being told that this was the province of the lamas. The accounts which I was able to collect varied tremendously in terms of both 'fact' and interpretation. Women, in particular, rarely offered any comments at all, and even a number of the more elderly and respected men of the village claimed to know nothing about the settlement of the village.

One reason for this, of course, is that Sherpa history is intimately connected with Sherpa religious history and, as such, constitutes knowledge which is the domain of the religious elite. More significantly, much of this knowledge is contained within texts (both cha'yik i.e. charters for religious institutions, and merap i.e. clan genealogies) which are not accessible to the average lay person. This is because, until the last 20 years or so years, few of the laity could read, few are fluent in Tibetan (the language and script of the texts), and even fewer can understand the 'high' form of Tibetan used in the texts. In any case, texts are considered to be embodiments of spiritual power and thus the preserve of the religious elite.
Nevertheless, a number of such texts do exist, complementing a (still relatively small) number of oral legends (se) which provide a mythical record of the past. I was shown one chayik and two merap (one referred to as a tangdam) towards the end of my fieldwork (after I had learnt some Sherpa, had participated in some gift exchanges, and had thus established my credentials. Up to that point my enquiries regarding historical texts had been politely ignored). The first describes the founding of the Kyerok gonda and the genealogy of the present abbot. Seventeen generations are enumerated in this document. The second was written by a Rumbur Sangye in the early 18th Century and deals with the history of the Thame area as well as listing 2 sets of genealogies, each with 9 generations. What was interesting was that, contrary to von Furer-Haimendorf's assertions (1984:26), many Sherpas demonstrated considerable interest in hearing about (if not discussing) these texts. That is, their lack of access to historical knowledge does not necessarily equate with a lack of interest.

In 1965 Oppitz collected approximately 20 texts in Solu (not in Khumbu) dealing with early and recent Sherpa history. A number of these trace up to 21 generations and recount the histories of individual clans (Oppitz 1968, 1974). However, many of these texts were written relatively recently and there must be some doubt as to their accuracy. Similarly, a text written recently by a Lama in the Solu area, discussed by MacDonald (1969) and used extensively by Ortner in her recent study (1989) of Sherpa history, must also be somewhat suspect in terms of chronological accuracy (see Aziz and Thinley 1971). Nevertheless these texts have been used as the basis for putting together the following standardised historical scenario of Sherpa settlement. This scenario has been widely accepted by other ethnographers.

According to this scenario, the first Sherpa emigrated from their homeland in Salmo Gang district of Kham in Eastern Tibet between 1480 and 1500, as a result of religious persecution from invading Mongol groups to the north (Oppitz 1968:75). These Sherpas, members of 4 original 'protoclan', were relatively wealthy and apparently threw lavish parties for the local inhabitants as they made their way west through Tibet. (They are described in the texts as successful traders, able to overcome ethnic differences through their generosity and apparent preparedness to assimilate new ideas and customs). However, they encountered difficulties in securing adequate grazing land for their animals, suffered attacks from "Chinese" dut (demons), and experienced a number of internal conflicts over the distribution of food. Eventually they made their way over the high passes north of Khumbu into what is, today, Nepal. According to Oppitz this occurred in 1533, over the Nangpa La. While some members of the Serwa and
Chakpa clans eventually moved on down to Solu, the Minyagpa and Thimmi clans remained in the Khumbu.

My own interpretation of the history of Sherpa settlement differs in some important ways from this account, primarily by distinguishing between a period of small-scale, early religious settlement, and a more recent and much larger period of lay settlement, motivated more by economic and social factors. There is a good deal of evidence, I suggest, for the view that the majority of Sherpas in fact crossed over from Tibet via the Rongshar Chu pass and settled in Solu, with only a bare handful crossing over the Nangpa La and then continuing on to Solu and Helambu, leaving only two small religious communities in Thame and Pangboche. Indeed, large-scale settlement of the Khumbu may have begun less than 200 years ago.

The Khumbu was a beyul (sacred hidden valley) for the Tibetans. Khumbeyullha Terzen Gelbu, the god of the sacred mountain Khumbila, is one of 21 gods closely associated with Padmasambhava, known to the Sherpas as Guru Rimpochhe, the tantric hero worshipped by many Tibetan Buddhist communities. It is said that Guru Rimpochhe, a master of exorcism from India, came to the Khumbu and successfully exorcised its demons (in particular the evil Kigur Raja, the half-dog, half-goat illegitimate son of a Tibetan queen). From this point on, the Khumbu was a beyul and thus not open for habitation by laity lacking in spiritual power/knowledge/motivations. According to the current abbot of Tengboche gonda, the first person to enter the Khumbu was a man named Payzin, from the Paldorje clan, and an incarnation of the Tibetan god Wosal. His entry was provoked by an attempt to find his runaway dog, i.e. a spiritual motivation (compassion) was an important factor in the opening up of the Khumbu to humans.

According to legends of the Rai people to the south, the Khumbu was a pilgrimage place, and a resting place for Rai shamans on their celestial soul journeys to the land of the gods (Tibet) while possessed (Hofer 1983, N. Allen 1974). More recently, it was also a summer grazing area for the Raies. A sudden large-scale settlement of the region by Sherpas would perhaps have provoked a conflict with the Rai, but there is no record - oral or written - of such a conflict until the middle of last century (when the Rai mounted a major, but unsuccessful offensive against the Sherpas in the Pharak area).

An important Sherpa legend, known to a number of the laity, tells how the goddess of Mt. Everest appeared in material form to the first lay settlers, warning them that they were not spiritually ready to settle in the Khumbu and sending them down to Solu "to make their seeds strong there first" (see also
Oppitz 1968: 45-66). Many of the 'older' Sherpa clans are more predominant in Solu, while many of the newer clans are more predominant in the Khumbu. (Virtually all of the Sherpas with whom I spoke were unfamiliar with the notion of 4 original 'proto clans' as described by Oppitz 1968). Oral histories recounted to me of the Salaka clan, (today the predominant clan in the relatively old village of Phortse), tell of how the Salakas came to the Khumbu from Solu, settling at first in a cave (and still worshipping the _dubchen_ of this cave today). In the past the _ngapa_ (married, village-based lama) and _lhawa_ (shaman) roles appear to have been less differentiated than they are today, and this differentiation is more pronounced in Khumbu than in Solu (see e.g. Downs 1980).

Furthermore, there is evidence from the texts that the early Khumbu settlers were marginal (both socially and culturally) to mainstream Sherpa society, and that their settlement of the Khumbu was motivated largely by the entrepreneurial opportunities that lay in Khumbu's interstitial position on the trade route between Tibet and Solu. One Pharak informant commented to me that:

"our grandparents left here to go up to Khumbu, even though agriculture is easier here, because there is more money in trade than in agriculture. Our Khumbu cousins are now wealthy but we are still poor."

Certainly, entrepreneurial motivations were fundamental to the relatively recent settlement (approx. 150 years ago) of Nauje, by members of the Paldorje clan. (In the early 20th century there were still only 30 households in Nauje, and the first _gonda_ was not constructed until 1905). As one elderly Nauje resident explained to me, "why else (other than money) would we have chosen to settle in such a difficult place?".

This is important, for it suggests a more recent, active, socio-economically motivated history of settlement than that proposed by Oppitz and accepted by other ethnographers. The history of the relatively recent settlement of Manidingma (in upper Solu) and Bhandar (west of Solu) by entrepreneurially motivated Sherpas (and Rais) from Solu, as well as the settlement of the _Rolwaling_ valley a hundred or so years ago by Sherpas marginalised from Thame society (see e.g. Sacherer 1978), provides further support for this theory of settlement. Finally, available census figures suggest a massive increase in population in the Khumbu since the mid 19th Century. Such an increase can surely not be explained by suddenly high fertility rates alone. During the course of my surveys I was told by residents of Nauje that Nauje was established between 100 and 150 years ago; that Khumjung was established between 150 and 200 years ago (by members of the Chusherwa clan). Pangboche 200 years ago (by members of the Salaka clan).
and Phortse 200 years ago (also by the Salaka clan). The point is not that these dates are correct, but rather that lay Sherpas themselves regard settlement as being a fairly recent phenomenon.

The Thame valley itself was also once recognised as a beyul. Tengbo lake, above Thame Ong, has long been a pilgrimage place (nye), as its salty water (a symbol of life) is said to have given strength to Guru Rimpoch (on his journey over to the Rolwaling valley. The first settlers in Thame Ong are said to have come from Shang and to have originally lived in a cave (puk), above the site of the present gonda (These people came to be known as the people of Shangpuk, and today are known as the Shenggu clan). The settlers are said to have been traders and were renowned for their efforts in discouraging other settlers who might threaten their monopoly of the trade route.

The first four gonda in the Khumbu (all non-celibate) were founded in a spate of religious activity between the years 1670 and 1720. The forces giving rise to this activity appear to be internal as much as external. According to Ortner (1989), these include a possible rise in population growth at this time, an increase in the profitability of trade (the profits from which were invested largely in religion) and an increasingly centralised and overt political system as the result of a weakening in the clan-based kinship system. (This, in turn, may have been caused by rapid population growth from immigration, and the rise of a more overt political system. The gonda do not appear everto have been based entirely on clan groupings).

The first of these gonda was at Pangboche, founded (according to Ortner 1989) between 1667 and 1672, by one of the most revered and best known early Sherpa settlers, Lama Sanga Dorje. The Thame gonda was founded some 10 years later by Lama Sanga Dorje's brother, Rolba Dorje, followed by the gonda at Rimjing in Pharak (by another brother, Kamba Dorje) and then the gonda in Jung in Solu. The history of these gonda is closely linked with political and economic issues, while also expressing the fraternal rivalry which characterises family life even today (see Chapter 3). While Lama Sanga Dorje was a revered Lama (and a famous amji, i.e. Tibetan doctor) he was also a powerful and wealthy pembu (tax collector). The founding of the Pangboche gonda is linked with his ongoing duel with a rival pembu, Zongnamba, in Thame (whose descendent are blamed for the eventual submission of the Sherpas to Nepali rule) as well as his rivalry with his two brothers.
It is important to note, however, that Lama Sanga Dorje's eventual victory over Zongnamba, and his preeminence over his two brothers (and thus the preeminence of Pangboche gonda over Thame and Rimijung) was demonstrated not through physical force but rather through his control over spiritual knowledge and power. In a well-known story, the three brothers had a competition to demonstrate their respective power. While Kemba Dorje demonstrated his power through control of technical knowledge (placing 7 grains of barley on top of each other), and Rolba Dorje demonstrated his through physical force (twisting a piece of iron into a knot), Lama Sanga Dorje demonstrated his by hanging his cloak on a beam of light, a feat which proved his superior spiritual power. Thus, while agency in the political economic arena was an important influence in the establishment of gonda, this was counterbalanced by the impact of a hierarchical structure of authority - demonstrated through the control of knowledge - in the spiritual arena. The founding of celibate gonda in the early 20th century is marked by a similar change in demographic, economic and political factors, and in the relationship between structure and agency (see below).

While the religious elite credit Rolba Dorje with building the Thame gonda, a number of lay informants insist referred to Lama Sanga Dorje as the founder. According to one story, he first built the gonda at the site of the present kani (gate to the gonda), but a persistent ray of light subsequently indicated that a site further up the mountain (the gonda's present site) was more auspicious. Indeed this site, just above the top of an old glacial moraine, is said to represent the third eye, with the moraine representing the nose, and the two villages of Thame Ong and Thame Teng (on either side of the moraine) representing the eyes of the Thame valley. The first dumje (which Thame Sherpas describe as Lama Sanga Dorje's funeral) was celebrated at this site.

From the early to mid 18th century onwards, immigrants (referred to by Sherpas as khambas) from nearby D'ing-ri in Tibet, began to enter the Solu Khumbu, attracted by its trading opportunities and greater agricultural productivity (Oppitz 1968:94). Around the same time, ethnic and caste groups from the south and west of Nepal began to settle in the Solu region, adding pressure on grazing lands and sending herders further up into the mountains. In the 19th century, trade with Tibet appears to have suddenly flourished as result of a growth in population (from immigration) in D'ing-ri (see Aziz 1978). At the same time, the settlement and economic growth of the Terai to the south of Solu opened up new trading opportunities. (A lucrative trade arose, for example, in iron from the village of Those, west of Solu).
British activity in northern India provided additional economic opportunities, prompting, in particular, a fairly significant migration to Darjeeling (where there are, today, over 8000 'Sherpas').

Also, in the 19th Century the potato appears to have found its way into the Khumbu (possibly from the Darjeeling area). This proved to be one of the most significant events in Sherpa history, for the relative availability of such a suitable staple meant that the region as a whole could support a greater number of people and, in particular, a larger number of people involved solely in religious activities. Health status improved, fertility probably increased, and the dependence on trade and animal husbandry for subsistence was no longer so great. Much of the new-found wealth (from the export of dried potato in particular) was invested in such religious merit-making (and status-enhancing) activities as the commissioning of carved mani stones and champen, and enabled the eventual growth of a more centralised celibate monastic system akin to that found in Tibet.

The first recorded account of a visit to Solu Khumbu by an official from Kathmandu is dated 1805. The visit was prompted by an effort to enforce on the Sherpas the Hindu ban on the slaughter of cows. By the 1820s, however, the Rana regime had recognised the significance of the trade routes and thus sought to win the loyalty of the Sherpas. In 1828 decrees were issued giving Khumbu traders monopoly of the trade routes (while at the same time levying taxes through the newly appointed pembu). In the late 19th century the Rana Prime Minister, Jung Bahadur, officially seized the Khumbu (after a battle in which he was assisted by the son of Zongnamba), but was content to leave judicial and political responsibility in the hands of the pembu and their overseers, the gembu. Given the support and patronage of the Rana regime, together with the new trading opportunities and the introduction of the potato, the pembu quickly amassed unprecedented wealth, much of which was ultimately devoted to religion.

Celibate monasticism was first introduced into the Khumbu by a Lama Gulu, believed to be the 12th reincarnation of Lama Sanga Dorje. In 1916 he organised the construction of the celibate gonda at Tengboche (destroyed a few years later by an earthquake, during which he is said to have died of a broken heart). The gonda was soon rebuilt and his tulku (reincarnation) was discovered in Nauje and installed as the Rimpochhe, after appropriate training at the Rongbuk gonda in Tibet. The major sponsors for the building of Tengboche gonda were 3 traders, two of whom were pembu from the Solu region. The motivation of the key sponsor for building this gonda (rather than one in Solu) appears to have been that this was a means of establishing his claim to access to the trading privileges enjoyed by the Khumbu
traders. In addition, of course, such activity also consolidated his social status and was seen as highly spiritually meritorious. Not to be outdone, his younger brother (a long-time rival trader and entrepreneur in Darjeeling, and also a pembu) invested his wealth in the construction of Chiwong gonda in Solu in 1923.

A combination of political and economic factors was thus fundamental to the growth of celibate monasticism. The newly installed celibate religious elite, promoting a more text-based approach to religion (see Chapter 5) became more and more removed from the laity. And yet this elite remained wholly dependent on the political and economic support of a few wealthy individuals for both its material survival and its legitimacy. It is important to note that this support was cast, however, in terms of generosity and religious merit-making, thus enjoying the support of the laity as a whole.

Soon, two more celibate gonda and a nunneries were established. Thame gonda became celibate and a young tulku was located in the Rolwaling valley to become its Rimpochhe. A number of new, more orthodox rituals, emphasising the victory of orthodox Buddhism over its opponents (such as mani rimdu), and the pursuit of other-worldly goals (such as nyungne and yerne) were introduced. By the 1950s the role of the ngapa lamas was being challenged, and the cleavage between the religious elite and the laity was widening. Agency in the spiritual sphere was increasingly constrained by the structure of hierarchy, expressed in a somewhat new form, but still based on the control of all important spiritual knowledge and power. The irony, of course, is that it was the increasing opportunities for agency in the secular economic sphere that served to reinforce the structure which constrained agency in the spiritual sphere. This was the situation, then, in the early 1950s when perhaps the most momentous historical event of all took place: the penetration of the Khumbu by the West. In Chapter 6 we will return to the issue of change since 1950 and the dynamic tension between structure and agency that has marked this process.

2.5. The ethnography.


An important development in recent years has been the increasing number of studies by Nepali researchers (e.g. Kunwor 1989) and by Sherpas themselves (M.N. Sherpa, L.N. Sherpa, 1989). There is a useful collection of technical papers on environment-related issues at the Park Headquarters in Naujie. A number of early ethnographers have also begun to produce 're-studies', which explore some of the changes which they have observed since their first encounters with the Sherpas (e.g. von Furer-Haimendorf 1984, Fisher 1986, Ortner 1989).

Given this mass of information, one may wonder whether there is anything new to discover and say about the Sherpas, or at least whether the time and resources that go into such studies would be better spent on less-studied communities (with less attractive settings in which to write - or partake of the Sherpas' hospitality?) But there is no such thing as a definitive ethnography (with the exception, of course, of this one......!) and the more that is written and said about a society, the more this becomes evident. Societies are infinitely complex and changing phenomena. And so are the researchers who study them. One of the most valuable contributions which anthropology can make, I suggest, is to demonstrate this complexity, and the ways in which the researcher's own personal experiences and biases influence both the answers that one seeks and the questions which gave rise to them. The literature on the Sherpas is indeed testimony to the subjective and power-full nature of ethnographic knowledge and the process by which this knowledge is acquired, transmitted and applied (and, I dare say, evaluated).

Taken as a whole, the ethnography has been dominated by structural-functionalist and intellectualist approaches, and thus the following inter-related characteristics:

i) a tendency to dichotomisation, especially between religious systems and social groups. (This tendency is evident, of course, in my own writing e.g. Draper 1985).

ii) a tendency to over-generalisation, to extrapolate uncritically from one region to another and from one time frame to another.

iii) a neglect of the whole issue of power, of the structural constraints - both external and internal - on agency, and a virtual absence of exploration of the knowledge-power nexus.
iv) a tendency to homogenise even within a region, to avoid issues of variation (including variation in knowledge) and thus to misrepresent, for example, the knowledge, attitudes and practices of the religious elite as those of the community as a whole.

v) a tendency to reify; to posit structures, oppositions and means of mediation etc which are perhaps intellectually stimulating for the reader/author, but which may not be meaningful for the Sherpas themselves.

vi) a neglect of the important issue of sickness and healing (despite the preoccupation with religion);

vii) a neglect of the issue of change, or at least of the fundamentally important relationship between structure and agency which permeates and modulates experiences of change.

Let us explore some of these characteristics a little further. In chapter 5 I draw attention to the tendency for ethnographers to divide religious systems in S.E. and South Asia into 'orthodox' and 'folk' traditions, or some other variation of this basic dichotomy. The ethnography of Sherpa religion is no exception (see, e.g. von Furor-Haimendorf 1955; Paul 1970: 572, 1982:83; Oppitz 1968; Ortner 1970, 1975:51, 1978:163, 1978b, 1989:201; Draper (1985-1988:135); Funke (1969:291) and Frerkes (1982), influenced by the diffusionist school of anthropology, also make a clear distinction between 'shamanism' and Tibetan Buddhism. Such dichotomisation becomes difficult to defend, however, in the face of evidence of overlap and cooperation between traditions (von Furor-Haimendorf 1964:126; Samuel 1978:112; Draper 1985:136-191). It also conflicts with the perceptions of the Sherpas themselves. The challenge is to keep sight of the parts while exploring the patterns which connect them within the complex, changing whole.

Similarly, one of the more noticeable features in the ethnography is the apparent disjunction between von Furor-Haimendorf's portrayal (1964) of a community marked by harmony, cooperation and egalitarianism, and Ortner's emphasis on conflict, hierarchy, individualism and internal contradictions (1978, 1989). Paul also speaks often of the contradiction between religious ideas and practices (1970, 1979, 1982), of the contradiction between various religious roles (1976b, 1979, 1982, 1984a, 1984b) and of the various mechanisms for structural mediation of these contradictions (1982). There is no doubt that Sherpas are individualistic, are embroiled in a number of conflicts, and are constrained in their responses by a hierarchical structure of knowledge-power relations. But they are also highly cooperative, generous and peace-loving. The challenge, I suggest, is to explore how and why Sherpas themselves experience and interpret hierarchy and the quest for independence within their day to day lives.
I have already alluded to the dangers inherent in the tendency to generalise from one region to another. A number of ethnographers have taken this one step further, by assuming that what happens in Lhasa (or elsewhere in the Tibetan Buddhist world) will illuminate what happens in the Khumbu, and vice versa (see Paul 1982, Snellgrove 1957, Miller 1965, Macdonald 1980, Jerstad 1969, Draper 1985). The differences between Lhasa and the Khumbu, however, are considerable, and of considerable significance. Indeed, as Samuel (1982) has argued, sociopolitical structures and economic imperatives in communities at the periphery of central Tibetan influence may be more akin to those found in central Asia than in Lhasa.

Ortner's recent account (1989) of Sherpa history, following on from her excursions into anthropology's contribution to a theory of practice (1984), represents a significant departure from her earlier emphasis on symbols, and the neglect of issues of power in the ethnography more generally. Remarkably little attention had ever been given to the impact of external historical forces and events, such specific issues as the political and economic origins and consequences of the role of pembu (tax collectors), or the link between religious authority, socio-economic status and political influence. Ethnographers had remained satisfied with von Furer-Haimendorf's description (1964) of a political system lacking in centralised, formalised mechanisms of control. Ortner's attempt to refocus analysis onto the actor and on practice is thus a valuable contribution to the ethnography. And yet Ortner has failed to address seriously one of the key issues in current anthropological thinking about practice, namely the origins, nature and consequences of the knowledge-power nexus.

Finally, the whole question of change is treated in the ethnography as something of an afterthought, if it is mentioned at all. Even von Furer-Haimendorf's recent re-study (1984) gives the impression of a society at first unaffected by change and then, suddenly, a passive victim of it. As we have already seen, however, change is far from new to the Sherpas. And the Sherpas' current response to change is, as we shall see in chapter 6, far from passive. It is true that many Sherpas regard the current age as samen kokpu (literally 'bad era'). However, the notion of samen kokpu does not imply the notion of inevitable and absolute disorder. Rather, it implies the possibility of order out of chaos; structure through agency; a dynamic but tantalisingly patterned heterogeneity as the nature of things. Moreover, samen kokpu itself is not, of course, a phenomenon of the last 40 years. The distinction often drawn in the ethnography then between 'tradition' and 'change' is misleading. Rather, there is, and always has been in Sherpa society a 'tradition of change'. As one informant once commented,
"Sherpa history is a story of different times of having to plant new seeds to survive. Today it is time to plant new seeds again".
CHAPTER 3: SOCIAL AND POLITICAL ORGANISATION.

3.1 Overview.

On my second evening in the Khumbu I was invited to a party. Upon my arrival I was offered a seat near the end of a line of men. After a few moments I was given a glass of chang (beer), which I tried, unsuccessfully, to refuse, and which was regularly refilled throughout the night before I was able to empty the contents. I was made to feel very welcome, without being fussed over. As the evening wore on, I became increasingly aware of the complex etiquette surrounding the giving and accepting of chang, and a (familiar!) pattern of reciprocity, where each male, after accepting a glass of chang from his neighbour, would offer one in return.

I also became aware of a number of fairly subtle, yet obviously deeply ingrained divisions: between those men seated towards the fireplace, and those at the opposite end of the line; between the men and the women (who were seated on the other side of the room, or cooking around the fireplace); and between the laymen and those wearing religious robes. There was much dancing, joking, and good-natured teasing all round the room, but I had a sense that this was being kept well in control. Towards the end of the evening the teasing suddenly erupted into what threatened to become a drunken brawl, had it not been for the gentle but persuasive mediation of the host, and the exchange of more chang between the two main protagonists. Finally, after eating, everyone rose and, this time ignoring the offers of more I chang staggered out into the night. It was a great party; but there was also something slightly unsettling about it....

Later, I came to realise that the social dynamics I had observed at the party, (and at the many others that followed) represented a rather neat microcosm of the dynamics of Sherpa social organisation more generally. These dynamics might be analysed in terms of five major inter-related themes, and it is these on which I want to focus in this brief discussion of Sherpa social organisation:

i) The first is the significance for Sherpas of 'relations', expressed in the Sherpas' world view of the underlying inter-connectedness of all phenomena, including people, and the consequent value which Sherpas place on co-operation, harmony and order. These relations constitute, I suggest, a structure which serves to constrain agency and channel individual behavior into socially acceptable patterns.
ii) The second theme, in contrast to the first, is the problem of such relations as they impact on day-to-day life, and the value which Sherpas place on individualism, independence and privacy. To the extent that the structure of relations is problematic, the quest for agency is an important feature of day-to-day life.

iii) The third theme, contained within the first two, is the hierarchical nature of this structure of relations. All phenomena, including people, are classified into relative degrees of 'high' and 'low', and all forms of inter-action - particularly exchanges - are ordered in and through this hierarchy.

iv) The fourth, implicit within the third, is the significance of exchange as a vehicle for both the maintenance of co-operation and hierarchical order, and the active pursuit of individual interests.

v) The fifth is the significance of hospitality - particularly the offering and acceptance of food and chang - as the vehicle for establishing and manipulating such exchanges.

3.2 The significance of relations.

According to my most articulate informants (generally, as I later realised, those with a religious education), all phenomena - people, gods, historical events, even inanimate objects and emotions - are inexorably interconnected (gangbu Tindup, gyumdten) within a complex and encompassing, yet delicate and dynamic structure of hierarchical relations (Taldim) that transcends both space and time. Put another way, all phenomena are perceived to be characterised by the ways in which - and, indeed to exist only insofar as - they are related to all others. Thus, for example, a person's status (and indeed existence) is dependent not only on his/her relationships with other 'higher' and 'lower' persons, but also on his/her relationships with the gods / supernaturals, the environment, and so on, both in this life and in previous lives/incarnations. Similarly, the health of one's body is profoundly affected by the balance (mangnyung) between organs and humours within the body, as well as by the relationship between the body and the mind, but also by one's relations with other persons, with the gods/supernaturals, and environment (again, both in this and previous lives).

The gods, too, are part of a complex hierarchy; each owes its status and role to the others; and each fulfils this role only through reciprocal roles with others. Even the fragile balance within the natural environment is seen as dependent on the relations between people, as well as between people and the gods/supernaturals: In sum, according to this view, the cosmos as a whole is seen as a complex, integrated, and highly delicate structure of relations. Changes in any one relation or relations will ultimately (if indirectly) result in changes in all others, because they are ultimately interconnected. As one observer commented, "the whole world suffers when even a single leaf is bent".

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As a consequence of all this, an individual's actions are seen to have a multiplicity of potentially critical effects on - but also beyond - the individual. These actions must therefore be carefully monitored and managed, if not overtly controlled. Social transgressions, for example, such as an endogamous relationship (*s*a*md*en*) will inevitably result in suffering and misfortune (including sickness) for other members of the clans involved, as well as for oneself. Religious transgressions, such as a relationship between a lay person and a monk or nun (*flou*) will inevitably have negative consequences for oneself, in subsequent lives if not in this one. Desecration of the environment (through pollution with refuse or deforestation) will inevitably anger the supernaturals who inhabit this environment, and thus cause sickness and misfortune for oneself and others.

While I was in the Khumbu I encountered a number of instances where people's very survival had been threatened as a result of their inability to maintain 'good' relations with others. In one case, a nun is said to have died of starvation and neglect as a result of angering her affines (see Chapter 7). In another case, an elderly widow suffering from mental illness was removed from the *gonda*, sent to live with a distant relative, and allowed to commit suicide because her behaviour created intolerable strains for the structure of relations within the *gonda* (see Chapter 9). A variety of cases of sickness, family misfortune, social tensions, political upheavals and natural disasters were explained to me in terms of the consequences of disturbed or 'bad' relations. Indeed, a large number of supernatural causative agents of sickness, such as *nerpa*, *pem* and *shrendi* are themselves the products of disturbed relations (see Chapter 7). The significance and pervasiveness of relations means that considerable importance is placed on social norms and values emphasising interdependence and co-operation, generosity and compassion, sociability and peacefulness. It also places considerable importance on spiritual values of non-attachment to purely worldly objects and concerns, on religious piety and humility, and acceptance of the superiority, higher status and ultimate authority of the religious elite.

It is important to note here that knowledge of the origins of this notion of interconnectedness, and of the precise nature and workings of this structure of relations, varies considerably. Those of relatively low status - especially women, but also the laity as a whole - had particular difficulty in discussing the subject, referring me, instead, to the religious elite. Even within this elite there were few who were able (or willing) to analyse the mechanics of this structure of relations or, indeed, to say much more than "this is just the way things are". Yet there was never any doubt, nor any overt challenge from either the laity or the religious elite to the fact that this IS the way things are.
For the average lay Sherpa, the interconnectedness of the universe is a basis for action, a pragmatic guide to day-to-day life, as much as a doctrine, a "belief", or a subject for social discourse and analysis. The establishment and maintenance of "good", order-affirming relations (tindup) remains, for all Sherpas, the prime motivation and standard of behaviour, the lowest common denominator to order and meaning, the sine qua non of existence. For without such relations, an individual is unable to mobilise the assistance - human and supernatural - which is necessary for the maintenance of physical and mental health, socio-economic well-being, environmental order, and spiritual fulfilment.

How, then, is this structure of relations, and the imperative to be part of this structure, expressed in Sherpa social and political organisation and in day-to-day interactions? The first major expression is the emphasis which Sherpas place on sociability and co-operation in day-to-day life. This is particularly evident in the summer monsoon months when fields must be planted and harvested, houses built, and when the majority of rituals and festivals are held. (Note that there is no tourism activity in these months). Community-wide festivals such as phangi and dumje are well attended and are the occasion for great merriment. Similarly, the weekly market at Nauje attracts a crowd of more than 300 people (that is, approximately 10% of the entire population), many of whom spend their time drinking chang with each other rather than buying or selling. Responsibility for child-care is shared throughout the community. Even men from unrelated households will cooperate in looking after each others' children.

Elsewhere in Nepal, the significance of co-operative groups and mechanisms (e.g. dikur, nogar, guahi, miteri) has been well documented (e.g. Caplan 1970, Macfarlane 1972, Manzardo 1978, Messerschmidt 1981). Such groups and mechanisms are also fundamentally important in Sherpa society. The lamini is a co-operative labour group composed of between three and perhaps ten friends and neighbours (not necessarily relatives). Such a group comes together when an individual requires assistance with regular, menial, productive tasks such as grass-cutting, wood collecting, building stone walls around fields, and planting and harvesting of potatoes. (No such groups are formed for tasks relating to animal husbandry or trade - see Chapter 4). The group will generally remain intact until each member of the group has received a roughly equal share of the total productive labour of the group. In some cases, however, a lamini can be formed for a single activity, and members 'paid' for their services. There is no formal centralised leadership or mechanism for establishing or disbanding such groups. Membership of the group is voluntary but, once accepted, cannot be renegeed on, except at the risk of causing 'bad' relations with other members. Note that no such groups are 'givens' - rather, each must be consciously formed and
maintained. The ngalok is a group similar to lanin but formed for less regular and more demanding tasks such as assistance with house-building and funerals. Membership is more likely to be kin-based, and members are never paid for their services. Von Furer-Haimendorf refers to the tsenga tsalti in Khumjung-Kunde but this group has lesser importance in Thame.

The larke on the other hand, a gift-exchange group, is very important to Thame Sherpa social organisation. (On at least two occasions, informants made the comment that "Sherpa is larke"). These groups may provide labour, but, more importantly, are formed as a means of generating the large supplies of food, chang, commodities and other resources required by an individual to perform/host such occasions as funerals, large religious rituals, and weddings in a successful manner (i.e. with an exhibition of unqualified generosity). They are also the basis for raising the funds and resources necessary for enabling a person to embark on a monastic career. They are never, however, used for raising capital for economic enterprises.

The larke groups are also very loosely structured in the organisational sense, but they remain bound together by an incontrovertible law of reciprocity. In fact, there is an expectation that one should reciprocate, in kind, somewhat more than one has received (the term larke itself connotes this). While no maximum value is set on what is given, there is generally a minimum value set. In the context of increasing wealth as a result of involvement in tourism, such minimum values are increasing rapidly. For wealthy individuals, such groups represent a sound form of investment, as well as a source of status, while for those less wealthy, they can represent a source of almost overwhelming indebtedness and obligation. Where an individual is unable to meet such obligations, the result may well be 'bad' relations, resulting in social ostracism (see below). The majority of families in Thame are involved in at least five such groups, but the more wealthy and status-conscious may be involved in more than ten. As with lanin, effective participation in larke is the responsibility of a household rather than of an individual. When a son leaves his home to establish his own household, he is expected to establish his own larke relationships.

Several years ago, Sherpas living in Kathmandu (and therefore without access to the assistance of lanin and larke) decided to establish a seva kendra (the Nepali term for community organisation). While the stated purpose was to provide a mechanism for securing co-operation with the provision of hospitality at funerals, the seva kendra also provided assistance to poor and needy Sherpas. The sum of over Rs.200,000 was collected in a single day to establish the seva kendra and nearly two thirds of Kathmandu Sherpas remain dues-paying members. (When I asked why such an organisation did not exist in the Khumbu, to assist the poor and unfortunate there, I was told that:
"in the Khumbu we must co-operate, and so we don't want a seva kendra, but in Kathmandu we might decide not to co-operate, and so we need one here").

Sherpas will go to extraordinary lengths to fulfil their responsibilities as part of the framework of social relations (even though such responsibilities are often a source of much complaint). My research assistant, for example, decided to forgo his zendi (wedding) because of an obligation to take his turn as a lawa (host) of the community-wide dumje festival, and his inability to meet the expenses of both occasions simultaneously (the latter involving an expenditure of nearly Rs.15,000). On another occasion he chartered a helicopter, at exorbitant cost, to fly his mother home to the Khumbu from Kathmandu (where she had been visiting) at a time when the planes were not flying, so that she could fulfil the household's obligation to assist and participate in a larke.

All 'gifts' - material or otherwise - must be reciprocated. There is no such thing as a 'disinterested' gift; one never receives something for nothing. An unrequited gift is far worse than none at all. Even 'high' status does not replace the obligation to reciprocate (although members of the celibate monastic religious elite, being part of the religious hierarchy rather than the social one, are not expected to reciprocate to the same extent nor in the same ways, as a lay person. Their mere acceptance of a gift, in bestowing merit on the giver, is regarded as an expression of exchange and reciprocity). To refuse to give or to fail to reciprocate is - like refusing to accept - equivalent to a declaration of war, a refusal of alliance and communion, and thus a rejection of opportunity to engage in meaningful and fulfilling social activity. As Sahlin has commented,

"every exchange, as it embodies some co-efficient of sociability, cannot be understood in its material terms apart from its social terms" (1974:183). "A material transaction is usually a momentary episode in a continuous social relation" (1974:185).

The significance of relations is expressed, also, in the traditional Sherpa political system. In theory, at least, the seeking after individual status and power in this world is counter-productive, insofar as it is opposed to the natural hierarchical order within the universe, and is inimical to the major concern in life, namely the acquisition of merit and the pursuit of a better rebirth. Prior to the introduction of the Nepali state panchayat system in 1955, the Sherpa political structure was indeed highly amorphous, with few visible formal mechanisms for arbitration, few formal alliances, no socially-recognised positions of ultimate political authority, and aversion to intervention in disputes between individuals (see, e.g. Paul 1977). There are few 'big men' in Sherpa society other than the pembu (tax collector). While Ortner (1989) places much emphasis on the role of these pembu, Sherpas in Thame did not see them as particularly significant, and did not
really even regard their role as indigenous to Sherpa organisation. As Ortner herself acknowledges, such *pembu* sought legitimation through religious activity as much as through overt political activity or use of force.

Transgressions of religious laws did not require political intervention because they were considered to be automatically punished through the inevitable operation of the laws of cause and effect, deriving from the interconnectedness of the universe. Shame was a powerful disincentive for minor transgressions of social norms. Major social transgressions were dealt with primarily through ostracism from exchange groups, making survival very difficult, and often leading to self-imposed exile (*tala bittup*, literally 'to throw down'). The expression of grievances was carefully controlled, the only real opportunity for this being at parties, where the drinking of alcohol was considered to reduce one's moral responsibility for one's words and actions.

While the structure of relations provides an effective communication system, there is a strong proscription against gossip (*kyoma*) and false rumour-mongering (*jinak*). This applies particularly to *jinak* about the religious elite. In one case, a woman accused of *jinak* against a high monk had her head shaved and was paraded around the village by other monks. (This was one of the very few occasions I witnessed when punishment was formally meted out to a villager, and it is significant that it was meted out by the religious elite).

Decisions about secular village matters are often made by a few influential, young-to-middle-aged men, often at parties or on other social occasions. There is no predictable formal process of decision-making. Anyone is welcome to offer an opinion (though generally only men will do so) until some sort of consensus has been reached. No decision will be made until such consensus has been reached. Once decisions have been made, however, they are remarkably binding. Occasionally a high lama will be consulted for advice, or perhaps for a blessing. The direct and overt involvement of the religious elite, however, tends to be restricted to matters affecting spiritual wellbeing (and in such matters only the religious elite will be involved).

The overt use of force as a means of exercising authority was strongly proscribed (this applies, incidentally, to child-rearing as well). What is important however is that it appears to have been rarely necessary. In one case, a high lama and his influential and wealthy brother were involved in a conflict concerning division of family property. It was widely accepted that the brother technically had rights to his claim. However, the fact that he was claiming against a member of the religious elite effectively prevented him from getting the support of the community, and he
was ultimately overridden. In another case, when I asked one informant why he did not pursue the issue of not being paid for a yak that he had sold to a friend, he replied:

"it is better not to cause trouble and to keep the gods happy than to have the money. Good relations are good relations, but money is only money".

This apparent passivity is seen also in the face of obvious exploitation by outsiders. Sirdars (porter leaders) from Solu, for example, often do not pay their Khumbu porters in full, yet no formal joint action has been taken by Sherpas to protect themselves from such exploitation. On one occasion, the panchayat organised a group of men to break several tons of stones in preparation for the making of a bridge. Despite the fact that they were never paid, and that the bridge was never built, no complaint was ever lodged. In a survey I carried out of Thame Sherpas' perceptions of the most significant indicators of well-being, a strong religion, good family relations, and social harmony were consistently placed ahead of strong political leadership, wealth and a lack of inequality. In a surprisingly large number of myths, Sherpas portray themselves as submitting voluntarily to whoever was able to demonstrate the greatest authority at the time (including non-Sherpas).

The only indigenous positions of secular authority, such as the naua (controller of village lands), the shingnaua (controller of forests) and lawa (organiser and host of village festivals) were rotated. This system was designed to deny monopoly of access to power and prestige, and to reinforce the notion that socio-cultural wellbeing and environmental protection were the responsibility of the community as a whole. There is no lay 'gerontocracy', and few discernible rites of passage as such which might facilitate the rise of a gerontocracy.

For the average lay Sherpa, political issues outside the Khumbu are of little interest. Prior to the 1950s, the only significant link with the central Nepalese government in Kathmandu was through the pembu and the gembu. Political links with the Dalai Lama's regime in Lhasa were virtually non-existent. A strict separation appeared to be maintained between religious and political authority. One informant commented to me that "the monasteries don't have a political role because we don't fight about religion". Another informant commented that "religion comes from Tibet but politics comes from Nepal. Sherpas follow the way of Tibet".

Today, with the increasing influence of the panchayat system, all this is changing somewhat. In the 1986 elections the support of the religious elite was both overtly solicited and displayed by the candidates, with little apparent objection from the lay community (this support was seen more as welcome social concern than political interference). The traditional vehicle for soliciting assistance
and loyalty - the offering of chang and hospitality (see below) - was openly exploited to 'buy' votes, even at the polling booths themselves. A number of conflicts, some violent, arose between the supporters of different candidates. One informant, commenting on why the apparent favourite had lost so badly, explained simply "he did not give out enough chang". Nevertheless, the system of electoral distribution means that it is extremely unlikely that a Khumbu Sherpa will ever win office in the national rastriya panchayat in Kathmandu. Conflicts that involve the community as a whole (including accusations of tuk, i.e. poisoning) are only very rarely referred to the panchayat. Formal panchayat political leaders are increasingly away from the Khumbu on expeditions or other business. In times of crisis (e.g. the flood in 1985) Sherpas are able to work well together (the panchayat, by contrast, was very slow to act).

Status (namdal, literally, 'reputation') is profoundly important to the Sherpas, and is defined not by socio-economic factors as much as by religion. For example, even a poor, inactive lama will have a higher status (and thus 'seat') than a wealthy, socially active person, at least in many social contexts. In a survey of perceptions of status among Khumjung school children, Fisher (1986) notes that the Dalai Lama was accorded higher status than the King of Nepal, and that even the local Rimpochhe was accorded a higher status than the King.

In discussions with informants in Thame about status, it was emphasised that while a sirdar (head of porters) or the pradhan panch (head of the local panchayat) might exercise influence in worldly affairs, they would always, on a religious occasion, seat themselves lower than the monk, and submit to the authority of such a monk on all spiritual matters. Furthermore, even the most influential sirdar or pradhan panch is still required (unlike a monk) to participate in the network of reciprocal gift exchanges, co-operative labour groups, hosting responsibilities, etc. The status of such lay persons is far more susceptible to fluctuations (deriving, for example, from social transgressions and polluting activities) than is that of a monk. The failure to reciprocate (thamse soup) is particularly serious where it involves the field of religion (for example, not adequately compensating monks for a ritual performed or not performing the offerings prescribed by a lama or healer in return for supernatural assistance).

Within the religious elite there is a firmly entrenched hierarchy, based on the control of the means of production and distribution of spiritual knowledge, which orders interactions and ensures a considerable degree of complementarity between religious officials (see Chapter 5). A novice monk graduates through a number of roles and grades of learning in the monastery, reaching the status of a gelung. Lhawa (shamans), while dealing with relatively "low" supernaturals, and thus
occupying a relatively "low" place within the religious hierarchy, are nevertheless occasionally used by the monastic establishment for healing rituals. Without exception they profess support for the monastic establishment and accept their subordinate status to it. Often, the notion of karma and reincarnation (itself a vital element of the notion of interconnectedness) is proffered as the 'explanation' for why some individuals are higher than others.

'Good' relations were once described to me as 'white' - a colour which mixes with all colours and is therefore useful, while 'bad' relations were 'black' - a colour which destroys others. Nyela (hell) is often described as a place of 'blackness', or as one informant described it, a place without interconnectedness (gangbu Tindup). The current era, as already noted, is often described as samen kokpu (literally 'bad era') because of the perceived breakdown in relations, evidenced in new forms of sickness, environmental disasters, political upheavals and so on. The term kokpu is often used interchangeably for 'bad' and 'greedy'. The term dalcha, on the other hand, is used to denote both 'friend' and 'co-operation', and is often used, also, to signify generosity. Clearly, reciprocity, generosity, harmony, co-operation, submission to higher authority, and the maintenance of a structure of social and cosmic order are core, and closely interconnected, values in Sherpa society.

The pervasiveness of hierarchy is seen also in Sherpas' relations, as a whole, with non Sherpas. Sherpas sometimes claim to be 'above' the social distinctions and inequalities of the Hindu caste system, and do not fit themselves into it at any level (although they are happy to accept a low caste status when dealing with Hindus, if this facilitates successful transactions - see Chapter 4). Yet non-Sherpa Nepalis are clearly placed outside the framework of relations on which Sherpa society is built. On one occasion when I was in Solu, a visiting delegation of non Sherpa Government officers were given the top floor of a Sherpa hotel (normally the hotel-keeper's living quarters) and fed prior to all other guests. The hotel-keeper's explanation to me, however, was that this was to prevent his family from being polluted by the visitors. In the Khumbu, non Sherpa Government workers often visit Sherpa homes, but even those who have lived in the area for years are not offered or expected to accept hospitality in the normal Sherpa fashion and do not participate in the all important laman, larke etc. Marriage with Hindus is frowned upon. While an illegitimate child is not normally a source of concern, an illegitimate child from a union with a non Sherpa is. In Thame Ong a Sherpa woman married to two Tibetan brothers (she had previously been a nun, but had "fallen" with a man) now identifies herself as a Khamba (Tibetan) rather than as a Salaka (her original clan).

Consciousness of ethnic Sherpa identity appears to be increasing as the result of recent immigra-
tions, rising land pressures, changes in patterns of economic activity, increasing contact with Hindu Nepali and Western cultural values and systems, and the introduction of the panchayat system of government. The positive images of Sherpas which tourists reproduce (and the benefits which ensue) are also very important here. Fisher (1978) in fact refers to a process of 'Sherpaisation' among other ethnic groups and writes that

"Sherpas are so massively reinforced at every point for being Sherpas that there is every reason not only to 'stay' Sherpa but even to flaunt one's Sherpa hood" (1978:51).

Westerners (referred to by Sherpas as mikaru, literally 'white eyes') are also generally placed outside the structure of social organisation. One informant explained to me that

"Sherpas are like lha (the high gods) - they live up high, they are oriented to spiritual things, and they are poor, compared with who are like tu (the serpent deities) - they live down in the lowlands, are materialistically oriented, and are wealthy."

The significance of relations within Sherpa society thus extends beyond Sherpa society, and impacts on the ways in which Sherpas interact with outsiders. The result is a reaffirmation of Sherpa identity, and the structure of hierarchical relations on which this identity is founded.

3.3 The problem of relations.
Now, despite the significance of relations within Sherpa society, the very pervasiveness of these relations renders them potentially problematic, and subject therefore to efforts to manipulate them. Moreover, the closer, the 'more equal', or the more frequent relations are, the greater the likelihood that they will be regarded as potentially problematic. Envy (ThaThok), for example, and the projection of negativity (pem) which it is said to often result in, is greatest among equals who are in close contact. Interconnectedness does not, of course, of itself, necessarily equate with harmony. Nor does equality, or reciprocity. Furthermore, interconnectedness does not necessarily have the same impacts in all situations. Indeed, the structure of relations of which the universe is composed is seen as continually decaying as the result of an inevitable tendency towards negativity within the universe.

Social relations are, from one perspective (a religious one), a major potential source of attachment to worldly affairs and values, and thus a major potential threat to a favourable rebirth (not to speak of enlightenment). They are also the source of such emotions as pride (narkyet), jealousy, greed, anger (lung), and aggressiveness (shetang) which cause sickness. These emotions also give rise to such phenomena as tuk and pem. When a person is sick, his/her involvement in social exchanges is suspended. (This is perhaps the only occasion when this can be done without causing 'bad'
relations). Indeed, sickness as a whole is, as we shall see, a significant expression of the problematic nature of relations.

No relation is fixed; no relation is a given. Each must be established and maintained (thamseolup) over time. In the course of such activity, there is always at least a promise of opportunity to manipulate a relation in order to pursue one's individual interests. Yet where there is opportunity for one to manipulate, there is also opportunity for another to be manipulated, and exploited.

One model of Sherpa social organisation proposed in the ethnography is that of concentric circles, with the inner circles representing the most significant relations, and the outer circles representing decreasingly significant relations. Oppitz (1968:125) places what he suggests to be four original Sherpa 'proto-clans' in the innermost circle, surrounded, in turn, by seven 'sub-clans', a number of 'pseudo-clans' (including those who trace their descent to other Nepali ethnic groups who migrated into the Solu Khumbu region in the last two centuries) and recent Tibetan (khamba) immigrants. Together, these comprise those who share commensal relations (khadeu, literally, 'those whose mouths fit'). Outside of this structure are the gyakamba, the khamendeu (literally, 'those whose mouths do not fit'), the yema (which Oppitz refers to as an ex-slave group, but which Thame villagers refer to as 'butchers' - such people are found only in Khumjung and are one reason why Thame people tend to 'look down' on Khumjung people), and other outcaste, polluted groups. Khadeu and Khamendeu are not permitted to intermarry.

At first glance, the model appears to be useful, generating an aura of historicity in its differentiation of groups according to time of settlement. Certainly there are, as we have seen, strong centripetal forces at work in the hierarchical structure of social relations. And yet there are also a number of problems with this model, at least as it applies to the Sherpas of Thame. Firstly, the model over-emphasises, I suggest, the significance of a structure of clans in Sherpa society and posits a ranking of clans that in fact varies from region to region. Secondly, it underestimates the significance of non-biological forms of descent, including spiritual descent, and fictive bases of affiliation (particularly the thowu - see below). Thirdly, it fails to reflect the significance of the differentiation of the "high" from the "low", as it is expressed in gender inequalities, socio-economic status differentiation, the position of the elderly, and, in particular, the religious-lay cleavage. Fourthly, it fails to convey the problematic nature of close relations and ignores the conflict which is often found within the inner circle of relations. Finally, it does not sit easily with the evidence provided by at least some ethnographers of egalitarian forces at work in Sherpa society. A more dynamic model of Sherpa social organisation is required, one which expresses the
changing dialectical relationship between the structure of social relations and the opportunity (and need) for agency.

There are, today, members of at least thirteen named exogamous clans (nu, literally ‘bone’) in Thame society. The total number of clans throughout the Sherpa world is, in fact, difficult to determine, since each region has different clan structures and even names. Von Furer-Haimendorf (1964) lists 18 in Khumjung-Kunde, but Paul (1982) lists 21 and Ortner (1978) lists 15 in the case of Solu. One informant in Khumjung, renowned as an expert in such things, listed 25 for me. Clans are named after a locality of origin or a putative ancestor, although knowledge of this varies greatly from individual to individual. Few Thame Sherpas were familiar with Oppitz’ notion that there were originally four protoclan (Minyagpa, Thimi, Chakpa, Serwa), deriving from the structure of social organisation in Kham. (My Khumjung informant referred to 5 classes of clans, namely Thaktu, Chawa, Salaka, Wunba and Lama. The Rimpoche at Tengboche refers to four original clans, but says these are Paldorje, Thaktu, Chawa and Lama, giving rise to a total of 23 clans). While certain clans appear to enjoy higher status than others, this hierarchy varies from region to region and, according to the texts, has varied over time. In Thame today, the Shenggu clan is particularly important, but this appears to be due to its large membership as much as to its historical link with the establishment of the Thame gonda. Other important clans in Thame include Thaktu, Lakshindo (linked with the Kyerok gonda), Garacha, Lhukpa, Marmintsu and Salaka.

Descent is normally traced through the patriline. However, it is arguable whether the label ‘patrilineal’ is appropriate in the case of Thame Sherpas, and there is some evidence for assertion that uterine descent is as significant as agnatic descent (see below). Indeed, descent as a whole is less important than such practical factors as residence in the determination of one's rights and obligations (see below), and certainly cannot be said to be the sole organising principle of social organisation. Most lay Sherpas can trace descent through only 3 or 4 generations (unless they have access to the texts in which descent lines are recorded). In Thame, the term kalak does not refer to a lineage per se (as von Furer-Haimendorf (1964) asserts in the case of Khumjung) but rather refers to “whoever is close”.

Fictive kin (male: thouwu; female: thoumu) are particularly important, due in part (as one informant explained) to the problematic nature of relations between male siblings, and other biological kin who do not reside in the same household. Relations with fictive kin must be consciously established by an individual, and carefully nurtured. A thouwu is regarded as a ‘real’ brother (i.e. is called ‘son’ by his fictive parents and is unable to marry his thouwu's sister). In the
after-life, when one's own biological kin become problematic (because they are attempting to
dissociate the living from the dead in the effort to prevent the deceased from becoming an evil
spirit) the assistance of the thouwu becomes invaluable. In order to ensure this higher spiritual
assistance, 'low', worldly economic exchanges between thouwu are discouraged. The giving and
receiving of hospitality - particularly apsa (see below) - is, however, fundamentally important for
the consolidation of the thouwu relationship.

In recent years, Aziz (1978) and Goldstein (1971) have challenged the long-held assumption of a
structure of patriline as the basis of descent in Tibetan Buddhist society as a whole. There is some
basis for this argument, also, I suggest, in the case of the Khumbu. Agnatic descent is passed
through the ru ('bone'), and is important in determining status, and in spiritual activity. Uterine
descent, however, is also important, in a variety of more worldly social and economic exchanges
affording the opportunity for agency, and is passed through the sha (flesh). Paul (1982) has
described the relationship between ru and sha in terms of a structural opposition, reflecting the
opposition between male and female, semen and blood, and the colours white and red (though note
that bone is placed higher in the order of things than flesh, male is higher than female, and white
is higher than red. This hierarchical ordering is found within most Tibetan Buddhist societies (see
e.g. Levine 1981 on the Nyinbas).

Clans retain the role of defining marriage groups, but serve little other secular function, being
overshadowed in terms of day to day importance by more practical groups such as the household
and, to a lesser extent, fictive kin, reciprocal labour groups and exchange groups. At the same
time, clans serve little religious function either. Each clan is linked to, and occasionally offers
worship to a particular local deity (gumbai) at the seasonal lhachetu rituals, and common clan
membership is occasionally required for assistance here. However, this is not a vital role. Spiritual
and biological descent are quite distinct (with status in the gonda being determined by the former
rather than the latter). Clan boundaries appear to play virtually no role in the choice of healers
(see Chapter 9). The term nu is in fact increasingly used to refer to groups other than those based
on descent. It also denotes a group much larger than a clan, with similar physical constitution,
including 'mouth', and thus the right of its members to share the same cup/utensils (see below). In
sum, kinship and descent are areas where structure is important, but not necessarily determining.
The quest for agency permeates and animates this structure, and reflects the problems which this
structure poses in day to day life.

The quest for agency can also be seen within Sherpa marriage. Marriage is a strictly secular affair
in the Khumbu, formalising, in various stages, a practical, contractual relationship between the families involved. While arranged marriages were common in the past, males have generally had the right to choose their partners, and love marriages are the norm today. In the past, both fraternal polyandry and sororal polygyny were practised. The former was, in part, an attempt to prevent the dissipation of family property among a number of independent nuclear households (while the latter appears to be more the result of the alleged barrenness of a first wife). Von Furer-Haimendorf (1964) records 19 polyandrous unions (approx 9% of total unions) and 5 polygynous unions (approx 2%) in his survey of 236 marriages. In Thame today, however, only three marriages are polyandrous, and only two are polygynous, reflecting an increasing preference for monogamous unions. Levirate and sororate marriage was also occasionally practised to keep property within the family unions. Note, however, that sibling rivalry over the division of family property was (and is), still very common (Paul 1970).

In general terms, the status and role of women in Sherpa society is significantly better than in Hindu communities (see e.g. Bennett) and even in other Tibetan Buddhist communities in Nepal (see e.g. Levine 1981, Schuler). Nevertheless, gender relations are structured through a virtually universally accepted sense that males are higher than, and superior to, females. This derives, in part, from the perception (reinforced by a celibate, male religious elite) that reproduction is inherently polluting, and thus low. While women play an important role in domestic production (and even in distribution) these are considered worldly, and thus also relatively low activities.

The production and distribution of cultural knowledge, on the other hand, and thus the control of high spiritual activity, remain firmly in the hands of men. There is a discernible (though not particularly rigid) division of labour along gender lines within the household, which becomes increasingly discernible and rigid in the case of increasingly public and culturally 'high' contexts (e.g. provision of hospitality for the performance of community-wide religious festivals). In such contexts, men and women are kept somewhat separate, both spatially and socially.

Males exercise considerable (though not exclusive) control over community decision-making. Female children receive movable objects but no share in either land or houses as part of their inheritance (and do not participate in the rivalry over inheritance that characterises the relationship between brothers). While female children's access to secular education is increasing, it is still not as great as that of males. (At Khumjung school, in the early 80's, females constituted 54% of the students in class 1, but only 18% of class 5 students and 0% of class 9 students). Female children's access to religious education (and thus spiritual knowledge and power), on the other hand, is
decreasing, as a result of the increasingly male orientation of the monasteries. A number of women said to me that their increasing influence in economic affairs, as result of the new opportunities provided by tourism, had, in fact, lessened their opportunities to participate in spiritual affairs. They were not, however, prepared to express any significant sense of dissatisfaction with this situation (despite my encouragement for them to do so).

Divorce is frequent and appears to be increasing. Von Furer-Haimendorf recorded 23 cases of divorce out of 286 unions (i.e. approx 8%) in the late 50's in Khumjung. Today, in Thame, the figure is over 10%. Women can initiate a divorce and retain certain property rights. The failure of a husband to pay appropriate compensation to his wife's family, if he initiates a divorce, can still lead to social ostracism (depending on the socio-economic status of his wife's family). Nevertheless, increasing access to wealth has made divorce increasingly accessible to men relative to women. Indeed a number of men have taken on second wives in Kathmandu to facilitate their involvement in the tourist industry there.

Elderly parents are, in theory, either cared for by their youngest adult son (who receives the parents' home in return for this service) or, where they have no sons, by their son-in-law (maksu). In practice, however, a number of the elderly wind up living alone. Old age, in itself, does not guarantee for the lay person either status or well-being (see also Goldstein 1980 in the case of Helambu Sherpas). Within the religious elite, however, ageing does provide increased status and well-being, as spiritual activity and merit is cumulative.

While the Sherpas place great emphasis on interdependence, cooperation and sociability, they also place great emphasis on the ideals of privacy, economic self-sufficiency and occupational independence. Such ideals were part and parcel of a lifestyle which required considerable seasonal mobility and lengthy periods alone (in both animal husbandry and trade). One of the most visible expressions of this is the significance which Sherpas place on the nuclear family or, more accurately, the household, vis a vis, for example, the lineage or clan. Residence is generally neolocal, and settlements were, until recently, small and relatively dispersed. Responsibility for participation in lamin and larke, for the provision and reciprocation of hospitality, for the repayment of debts and so on, lies with the household as a whole, rather than with an individual. Considerable value is placed on the private (household) ownership of property, including land. Even one's adult siblings, who have established residences elsewhere, will not be as significant as those with whom one shares residence. Indeed, the significance of the household is such as to suggest that, if a model of concentric circles is to be used to describe Sherpa social organisation,
the household rather than a clan should be placed at the centre.

Within the household there is a significant hierarchy of older and younger brothers (there is no Sherpa term simply for 'brother') and of fathers and sons, as well as of males and females. Ortner (1989) refers often to the 'fraternal rivalry' that arises from this hierarchy, and Paul (1982) has provided a (somewhat imaginative) psycho-analytical analysis of what he refers to as the 'succession crisis' between younger and older males within families. The emphasis on neolocal residence is often explained in terms of the inability of the extended family to live and work together in harmony. Paul has commented that

"the Sherpa family seems to be based on the idea that 'we are all brothers, and all brothers are equal, but some are more equal than others'" (1970:16).

Ortner (1978, 1989) argues that individualism is an important characteristic of Sherpa society, and is a particularly important feature of Sherpa religion. Such individualism is enhanced by the increasingly asocial, text-based, other-worldly orientation of celibate monastic Buddhism and its emphasis on what she regards as individualistic merit-making. (Note, however, that merit can also be generated through highly cooperative activities such as a gyewa or funeral feast). One informant commented to me that

"if we live in this world, we must cooperate with each other, but when it comes time to leave this world, we must cooperate with the gods".

Another informant said that

"we Sherpas live alone, like men, but rongpas (lowlanders) live together, like our animals."

Similarly, a Sherpa in Ortner's BBC documentary film notes

"in Khumbu we have our own fields and our own houses. Ours is a better way. If we live too close together, we fight."

Today's relatively lucrative economic opportunities in tourism have provided an additional impetus to the pursuit of individualism and economic self sufficiency, despite the ongoing influence of socio-cultural disincentives to entrepreneurship (see Chapter 4). There is a strong reluctance to establish business partnerships with other Sherpas. Increasing contact with Westerners has reinforced models of entrepreneurship and individuality. A redistribution of wealth has occurred as a result of tourism, and has given rise to increased social mobility, and even the embryo of a new socio-economic class of the 'nouveau riche' (i.e. those poorer families
who, by virtue of having less investment in land and in trade, were able to take advantage of the opportunities inherent in tourism).

Conflict is not foreign to the Sherpas. Evidence of serious intrafamilial, intra village and regional conflicts and intrigues appear frequently in oral histories, and even in some texts. Informants have told me how in the past they would attend community festivals such as dumje armed with sticks to defend themselves. One major conflict between the people of Thame and Khumjung led to a yeti scalp and some important texts being stolen from the Thame gonda, and the building of a new gonda in Khumjung. While I was in the Khumbu there were 5 major conflicts involving the majority of villagers, including one centering on the monastery itself. Ortner (1978) observes that

"just as the absence of political and economic power structures does not mean that a Sherpa community is egalitarian, so the absence of systematic dispute-settling mechanisms does not mean that a Sherpa community is at all times peaceful and harmonious. While many disputes occur over real material resources, others are often expressions of status rivalry.... The Sherpas recognise and lament the fact that envy over wealth differences is rife in the community, and status competition and rivalry chronic" (1978:77).

Conflict is also evident in the relations between different Sherpa villages. The Thame people, as already mentioned, tend to look down on the Khumjung people as socially inferior (due to the presence in Khumjung of khamendu and yemba), and on the Nauje dwellers as culturally disrespectful (due, in part, to the greater involvement of Nauje people in economic and political affairs). Nauje and Khumjung people, on the other hand, tend to regard Thame people as economically backward. In recent years there has been an increasing tendency for wealthy Nauje and Khumjung Sherpas to hire low caste Solu Sherpas as servants, and for recent Tibetan immigrants to perform low (and often polluting) menial tasks for others such as tailoring, ploughing, corpse-carrying etc. One Thame informant explained that the high incidence of cretinism among people in Phortse is because

"they live apart from the rest of Sherpa society, behind Mt. Khumbeyullha where the gods piss and shit".

The higher the context, or the higher a person is with whom one is communicating, the more significant it is that one uses a higher, more formal sociolect of Sherpa (or, in religious contexts, Tibetan) for communication. The lower a person, the less likely it is that s/he will have access to such a sociolect (and thus the benefits of the relationship). Different levels of relationship are in fact referred to by different terms (for example, between people of approximately equal status the
term is *tethup* or *thanse*, between people and the gods it is *tindup* or *thanse*, but between the gods it is *tindup*.) Ritual intervention in these different relationships requires different religious officiants, different kinds of rituals, and different discourses, texts and so on. The higher the relationship, or the higher the category of the object at issue, the more rigid and significant is the distinction between the high and the low within that category and the more problematic any ritual intervention that may be required.

To sum up, while Sherpas place considerable emphasis on co-operation, communality and submission to a structure of hierarchical relations, these values are counterbalanced by an emphasis on individualism, independence and agency, and occasional expression of conflict, deriving in part from the problems which close relations pose in terms of daily interactions in a small community. Recall that Von Furer-Haimendorf (1964) drew particular attention to what he regards as the egalitarian nature of Sherpa society. He introduces his ethnography by stating that

"what I have set out to do is to describe and analyse the type of society in which the Sherpas have developed their spirit of independence, their ability to co-operate smoothly for the common good, their courtesy and gentle manner, and their values which are productive of an admirable balance between this-worldly and other-worldly aims" (1964:xix)

He claims that

"there is no gradation of activities based on a distinction between pure and polluting occupations and no Sherpa endangers his social status by undertaking any specific task" (1964:17).

According to a later study (1967)

"Sherpa society is basically egalitarian and the government of the village community is based on the principle that authority is vested in the totality of its inhabitants" (1967:182).

Even in his restudy (1984), in which he identifies a decrease in co-operation since contact with the Western world, he still refers to the "basic homogeneity of Sherpa society. All Sherpas are considered of equal status" (1984:26). The evidence provided above, however, of hierarchy, individualism and conflict within Sherpa society, clearly renders such assertions problematic.

Paul (1970) writes that

"despite the fiction, the whole of Sherpa society is not a group, and never pretends to act as one... normal village life can best be seen as a number of individuals not getting in each others' way, rather than as a functioning community" (1970:63).
As Sherpas increasingly engage with the wider national and international universe, the strains on internal social relations have inevitably increased. The legitimacy and efficacy of traditional (pre-celibate, monastic) knowledge and interpretations of the universe are challenged; the legitimacy and efficacy of traditional leadership structures and mechanisms for decision-making and conflict-resolution are tested; and the need to cooperate to survive appears to lessen. In short, agency and independence appear increasingly attractive, and possible.

A key theme of this overall discussion however is that there is a significant difference between the nature and degree of agency expressed in secular relations (e.g. trade and gift exchanges) and that expressed in spiritual exchanges (e.g. healing and the pursuit of a favourable rebirth). While opportunity for the pursuit of agency in the former has increased, it has decreased in the latter. This decrease coincided with the rise of celibate monasticism. The high gods (lha) became higher, and less directly accessible to the laity, while the relatively low supernaturals (shrendi) became lower, and increasingly problematic. A new elite of celibate male monks (tawa) and reincarnate lamas (tulku) rose to prominence, monopolising knowledge of, and thus access to, the high lha, and challenging the status and role of those who traditionally provided access to the supernatural realm, i.e. the ngapa banzin lamas and the lhawa-minung. The new monasteries themselves were relatively separate and 'higher' - both spatially and socially - from the village. Membership of the religious elite became more and more dependent on wealth, and the services of the religious elite became more and more expensive. Religious activity has, in short, become more and more separate from material/social activity, and less and less accessible to the average lay person.

Yet the monasteries and religious elite remain dependent on the laity and their ongoing involvement in the worldly economic activities for both their legitimacy (and raison d'être, i.e. spiritual mediation) and their actual day-to-day material support. That is, the structure of religious authority could be maintained only through the pursuit of agency in the secular realm. The 'high' could be 'high' only in relation to the 'low', and vice versa. As agency in economic and social activity increased as a result of tourism, the 'nouveau riche' invested their newfound wealth in religion, just as the traditionally wealthy had done; but in a religion increasingly distant and inaccessible. The laity may not be the masters of their destiny, but nor are they wholly the passive victims of structure. Through their actions the dialectical relationship between the high and the low is legitimated and order achieved in the universe more generally.

3.4. The significance of exchange.

In my discussion thus far I have referred to the differences between economic, social and spiritual
exchanges in Sherpa society. I now want to examine these differences a little further. 'Economic' exchanges might be said to include commodity trade, the sale of land, the hiring of porters by trekking companies, and so on. Such exchanges might be classified together as jep exchanges. According to the Sherpas, such exchanges - while important - are 'low': they involve material, thus worldly pursuits. Negative reciprocity is often evidenced in such exchanges. 'Social' exchanges on the other hand are somewhat higher, because they are more concerned with maintaining order in and pursuing the well-being of the community as a whole. Such exchanges might be classified together as terTetsep exchanges and include cooperative labour groups such ngalok, gift exchanges such as larke (e.g. at weddings, funerals etc.) and the offering of hospitality. Balanced reciprocity is the ideal (if not the result) of such exchanges.

Generalised reciprocity, however, is both the ideal and the norm in 'spiritual exchanges', such as the accessing of healing power, the acquisition of religious merit, and the pursuit of a favorable rebirth. These exchanges are considered to be 'high' because they involve relations with the spiritual realm. Generalised exchange is also present in the giving of kyekar (that is, gifts such as food or clothes which are designed to maintain rather than establish social relations), and the offering of one's 'free' labour (ro). These exchanges might be classified together as terup exchanges, (although when such an exchange involves a member of the religious elite, the 'high' form of the verb - bulup - is used).

Economic exchanges generally involve the exchange of goods and services whose value is firstly, subject to direct manipulation and negotiation by the participants in the exchange; secondly, is determined (at least in part) by knowledge of market forces, and thirdly, is measured in terms of material benefit, using technical, quantitative indicators. The goods and services so exchanged tend to be of a similar nature and, despite fluctuations as result of negotiations and changing market forces, remain of roughly equal status. Following on from Paine (1976). I shall refer to such exchanges as 'transactional' (or 'T') exchanges because they involve transactions marked by agency between individuals whose separate identities are maintained through the transaction. I shall describe the objects of such exchanges in terms of 'identities', because their value and status is relatively identical.

'Spiritual' exchanges on the other hand generally involve the exchange of what I shall refer to as 'equivalences' i.e. things of a relatively different nature and status (e.g. the offering of food to the gods in return for assistance with healing). Value is more arbitrarily determined (on the basis of knowledge about the spiritual realm); is measured in terms of spiritual benefit, using interpretive,
qualitative indicators; is less subject to negotiation and manipulation; and requires the intervention of specialist mediators/brokers (the religious elite). The status of that which is exchanged is highly significant and is defined within the context of a hierarchy of the high and the low. The stated aim (and, sometimes, the consequence) of such exchanges is not the pursuit of self-interest vis a vis the interests of others, but rather a reaffirmation of interconnectedness and order, and the accessing of the benefits that are perceived to derive from this order. I shall refer to such exchanges as 'incorporation' (or 'I') exchanges (Paine 1976).

Social exchanges tend to be incorporation exchanges of equivalences insofar as the measurement of value is largely qualitative and based on sociocultural rather than economic criteria, and their purpose is social integration and order. However, as we have seen, there is a fair degree of opportunity for agency and manipulation in such exchanges, and for the pursuit of status and wealth. Social exchanges thus encompass elements of both 'T' and 'I' exchanges and are therefore somewhat problematic.

Transactional exchanges generally involve very little ritual elaboration, while such elaboration in incorporation exchanges can be considerable. T exchanges (and, to a lesser extent, social exchanges) are occasionally the subject (and cause) of disputes, while spiritual exchanges are rarely so. T exchanges involve what Sahlin (1974:188) refers to as a 'between' relation (i.e. the action and reaction of two parties), while I exchanges are more akin to what Sahlin calls 'pooling', involving a 'within' relation, the collective action of a group. T exchanges generally take place between participants whose status is roughly equal, or more accurately between participants whose status is not particularly crucial to the exchange. Status is far more significant however in social exchanges, and spiritual exchanges take place between those who are in fact clearly separated into the high and the low.

In sum, T exchanges are marked by the opportunity for agency, while I exchanges serve to reproduce structure. Knowledge pertaining to a particular exchange is vital for successful participation in both T and I exchanges. In the case of the former, however, such knowledge tends to be more technical in nature, more accessible (depending on one's gender, socioeconomic status, mental acuity etc) and more susceptible to manipulation and change, while the 'knowledge' required for incorporation exchanges tends to be more value-laden and interpretive, less accessible (at least to the laity) and less subject to critical analysis and manipulation.
Now it is important to remember that this sort of classification of exchanges will inevitably be problematic. Firstly, in practice, no single exchange can be classified as one or the other. That is, no economic transaction is independent of sociocultural constraints (see Chapter 4); no gift exchange could be said to be disinterested; no spiritual exchange (including healing) is unaffected by an actor's socioeconomic status. Secondly, one exchange may be considered to be a transaction in one context, but may be more akin to an incorporation exchange in another (or in relation to another exchange). Finally, the two forms of exchange are complementary. That is, the increasing opportunity for agency in the former has reinforced the structure of hierarchy contained within and reproduced through the latter. Indeed, increasing participation in the former has resulted in an efflorescence in the latter. The ongoing importance to Sherpas of traditional concepts and methods of healing (involving exchanges with the supernaturals), despite the availability of allopathic medicine, is just one example of this.

3.5. The idiom of hospitality.

The giving and receiving of chang and other forms of hospitality is fundamental to virtually all forms of exchange (and indeed all forms of social interaction). This is primarily because it establishes a relationship of commensality (between those of unequal as well as of equal status), as well as of trust and goodwill (vital, given the ever present possibility of poisoning and pollution) and of reciprocity. Furthermore, hospitality can be an important source of merit for the giver. The failure to give/accept hospitality on the other hand, the failure to give/accept in the appropriate manner, or the failure to reciprocate appropriately is to risk one's right to participate effectively in exchanges and to challenge the structure of relations on which existence is dependent. As one informant commented

"not reciprocating a cup of chang (beer) can make relations worse than not reciprocating a gift of 10 grassfields".

Hospitality is referred to by a variety of terms, one of which is kalak, a term sometimes used to connote a descent group and implying the notion of unity. (When hospitality is offered in another person's house it is sometimes referred to as themdil, implying the notion of engendering good fortune, and merit). Given the above, it is not surprising that the idiom of hospitality is fundamental to spiritual exchanges, including healing.

The etiquette involved in the offering/receiving of hospitality varies according to the context (but carries certain universals that are fundamental to healing as well as other exchanges). Where it is

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offered in one's home (other than a meal or a party) it follows roughly the following basic pattern: the host makes the offer and the guest formally accepts (sometimes with a nominal effort to refuse, so that the host can press the offer and appear more generous). The guest then seats him/herself in a position of relatively lower status to the host. A drink - chang (beer), raksi (spirit) or tea (or, where the ethnographer is desperate, hot chocolate) - is served into glasses (or, on special occasions, in silver cups) and given to the guest.

If the chang is the first of the day a small amount of tsampa (flour) will be placed on the rim of the glass as themdil (good luck). The guest will then place the fourth finger of his right hand into the drink and flick the liquid into the air, as an offering to the gods. Sometimes an offering prayer will also be recited. The guest will then drink until the glass is half empty, when the host will refill it, without comment. The guest will subsequently be invited to drink again and the host will attempt to refill the glass again, but this time with some objection from the guest that s/he has had sufficient. This may be repeated a number of times, with the guest increasingly claiming to have had sufficient. Finally, when it is appropriate that the guest leaves, s/he will suddenly finish the contents (for the first time) and leave, as the host continues to press the guest to stay.

When a Sherpa wants to invite an economic transaction, s/he will invariably first offer hospitality, will continue to offer hospitality during the transaction, and will conclude and ratify it with further offers of hospitality. Refusal is not just a refusal to engage in the transaction, but also a refusal to accept commensality and the imperative to reciprocate, and even possibly an implicit statement about the fear of poisoning. That is, it carries with it serious negative sociocultural repercussions well beyond the significance of the transaction itself. This also applies to a certain extent to transactions with non-Sherpas. Sherpas are generally willing to suspend rules of commensality applied to other ethnic groups (and even to accept those of other ethnic groups) if this facilitates the successful completion of a transaction. Indeed this willingness is part of the reason for the Sherpas' reputation as skilled 'impression managers' and successful entrepreneurs (see Chapter 4).

While rules of commensality are an important means of distinguishing statuses, their effect, I suggest is more to integrate than to separate or atomise; to facilitate and to order transactions, rather than to make them impossible. One elderly Sherpa informant commented to me that 

"to trade successfully is to spend much time drinking chang (beer) with those with whom we don't normally drink chang. The reason why Sherpas must pay excessive prices at the (weekly Nauje) market is that we don't give chang (beer) (to the lowlander sellers) before we buy rice. We only give chang to each other."
On a number of occasions I saw Sherpas haggle for hours over a few paisa (equivalent to a few cents) while all the while engaging in an expensive hospitality relationship.

The offering of hospitality is part and parcel of a great variety of social occasions, ranging from requests for assistance with (and reciprocating past assistance with) house-building to the farewelling of friends and kin; from raising funds for a monastic career to soliciting further sensitive information from informants (a skill fundamental to successful fieldwork); from participation in gift exchange groups (larke) to participation in cooperative labour groups (lamin); from the hosting of community festivals to simply travelling the same path with someone. When passing close to someone’s house one can expect to be formally invited inside (although refusal to accept such invitations is more acceptable in such cases). On one occasion the Sherpa warden of the National Park called a meeting to discuss problems of park management. When I asked participants later whether the meeting had been productive, more than one replied, “O, yes! the Park gave us excellent food”.

Part of the reason why Sherpas keep some social (and spatial) distance between them is in fact to avoid having to offer/accept hospitality and all its attendant obligations and costs (and dangers) too frequently. Given the imperative to reciprocate, it is vital to keep mental lists of what kind/level of hospitality is owed to who, and such lists can often be large, involving every villager. Even siblings, resident in different households, must comply with rules of reciprocity and the basic ritual etiquette. The only persons with whom one need not enter into a hospitality relationship are members of one’s own household.

In one case, I had experienced considerable difficulty in finding a particular female minung (diviner) at home, despite having previously arranged many times to meet her there. This was clearly due to her reluctance to offer me hospitality, thereby entering into a reciprocal relationship with me that would require her to assist me in my research. To overcome this problem, I invited her on several occasions to come to my house, but again she failed to keep the appointments. Then, one day, she arrived, explaining that she had fallen sick as a result of her failure to accept my offers of hospitality. Now, she said, she had come to taste my tea, and would answer my questions!

The offering of hospitality is also, as we shall see, fundamental to spiritual exchanges. When a Sherpa is sick, for example, and seeks the assistance of the gods with healing, these gods are invited into one’s home (through mantras and offertory prayers recited by a religious officiant), and
offered a variety of food and drink (placed on the household altar). The gods are then considered to be amenable to requests for advice and assistance in identifying the cause of the sickness and the appropriate cure, either directly through a possessed shaman or indirectly through a divinatory ritual performed by a diviner or monk/lama. Note that the gods are, by definition, considered self-sufficient in terms of food and drink (unlike the shrendi who are sometimes represented as having huge stomachs and tiny mouths, forever unsatiated. The poor, and those of low status are sometimes also represented in this way). The acceptance by the gods of hospitality and its obligations is thus real evidence of their compassion. Subsequent offerings of food and drink are then made to appease the offending supernatural (where this is relevant) and to thank the gods for their assistance.

Both the quantity and quality of the hospitality offered vary in relation to both the 'high'ness of the exchange and of the relative status of the participants involved. Thus, for example, the offer of chang to a passer-by will be performed fairly simply, and by any household member. By contrast, the offering of hospitality at festivals, or to the religious elite, will generally be performed only by the household head, will involve the very best of what chang and food etc is available, the very best utensils (silver cups, china plates) available, and will involve a complex and lengthy etiquette. Where hospitality is offered to the gods, this can be done only by a religious officiant, using a high form of ritual language, texts and paraphernalia. (The higher the god whose assistance is sought, the higher the officiant, the food/drink, and the language and texts required.)

The higher the receiver of hospitality, the higher the merit generated by (and for) the giver. Partly because of this, the greater the status differentiation between the giver and the receiver, the less significant is the receiver's obligation to reciprocate in identical form. (Thus the very acceptance by a high lama of a low lay person's flask of tea is seen to generate such a degree of merit for the lay person that reciprocity is deemed to have been effected.)

Food and drink offered in hospitality is hierarchically classified into the high and low. (Milk, for example, is a high food, as are salt and rice, while meat, beans and buckwheat are low.) Cooked foods are generally higher than uncooked/unprepared foods. Another determinant of ranking is the possibility of contracting tip i.e. pollution. (Beef, for example, is considered to be highly polluting, and is never offered to gods.) The higher the food, the more likely it will pollute, if it is offered incorrectly. (The burning of milk, for example, is seen as polluting and very likely to anger the gods.) Offerings of high food to the gods thus often requires the services of a religious officiant. On the other hand, tuk (poisoning) is more likely to occur in low foods.

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There are over twenty different kinds/classifications of chang, used for different purposes, in different contexts, and hierarchically ranked. Bulu (rice chang), for example, is higher than sen (maize chang) because it is white (a higher colour than brown) and more expensive. Korchang is chang offered to guests at shetu (funerals), while kemchang is the lower chang offered to the corpse. A variety of secular activities, such as house-building, commence with a ritual called serkjem, in which a lama offers chang to the gods and supernaturals concerned with the activity, to appease them and ensure their support.

Yet chang is also somewhat problematic. While the offer and acceptance of chang is fundamental to the resolution of conflicts, it is also often the vehicle by which such conflicts arise in the first place. (Drunkenness is one of the few acceptable justifications for expressing one's anger. According to one myth, chang derived from Guru Rimpoché, who made it from a recipe combining the wisdom of the owl with the aggression of a tiger. Chang is the most common vehicle for tuk (poisoning), and shroklung, (a form of pollution).

To conclude this discussion on aspects of Sherpa social and political organisation, we have a situation where individualism and the quest for autonomy is encouraged by, yet constrained within, a framework of sociability; where entrepreneurship is necessary to, yet constrained by, the maintenance of reciprocity; where worldly material activity is separate from, yet complementary to, transcendental spiritual activity and both the physical and moral support of the religious elite. Submission to spiritual authority engenders individual merit; the acceptance of hospitality facilitates the pursuit of economic transactions; the high is integrated with, and gives form to the low.

On my second last day in the Khumbu, I attended my final Sherpa party. It was a yum, a private household ritual involving the reading of the yum text by a dozen or so monks. Its purpose is to generate merit and good fortune, specifically for the members of that household, but also indirectly for the community as a whole. Virtually the entire village was invited to attend. Consistent with my obligations as a de facto member of my research assistant's larke group, I cooked up a thermos of hot chocolate (for which I was now renowned), prepared a plate of Tibetan rock salt as an offering to the monks, folded up a katha (prayer scarf) to offer to my host, and carried them with me across the village to my host's house. It was a day in late spring. There was a smell of thawing earth, occasional hints of green, the distant tinkle of yak bells flowing down the valley on a gentle warm breeze. As I entered the house, I was immediately confronted by the usual bedlam of drunken and weaving bodies, choking aromatic smoke, raucous laughter and ribald jokes,
droning monks, fluttering butter lamps, twirling prayer wheels, screeching children, overflowing jugs of chang, and, above the altar and behind the whirl of the brightly-coloured torma (dough effigies of the gods), the benign gaze of a teenage Dalai Lama. I sat, as usual, near the end of the line of men, and was immediately offered chang.

An hour or so later, after being loudly invited to sleep with the host's wife (if I could!), and refusing on the basis that I didn't want her to leave her husband and come and live with a younger and more handsome man like me, I took my turn to offer my gifts and katha to my host and my respects to the monks. While I was bending down before one monk, with hands dutifully folded, the monk slipped out a pair of scissors from his robes and cut off a piece of my (red) hair, declaring that he would use this to spin material for some new (red) robes for himself. An hour or so later, my brain seizing up from the chang and the effort of participating in clever conversation, I leaned back and watched.

Perhaps it was because I knew I was leaving Thame; perhaps it was the chang; perhaps it was the contrast between the bedlam inside and sight of those huge, still, white mountains outside. Whatever it was, I suddenly became overwhelmed by a sense of peace, of belonging, of being a part of a chaotic yet uniquely wonderful corner of human existence, to which few will ever be privy. I began to cry, then to sob. My friends laughed knowingly. I laughed. Then I carefully negotiated my way down the near vertical stairs, went outside into the sunshine, and threw up. The next day my friends complained to me that Sherpa parties are no longer as good as they used to be.
CHAPTER 4:
FROM TRADE TO TOURISM AND BEYOND:
STRUCTURE AND AGENCY IN THE SHERPA ECONOMY.

4.1. Introduction.

"The ancient conception in which man always appears (in however narrowly rational, religious or political a definition) as the aim of production, seems very much more exalted than the modern world, in which production is the aim of man and wealth the aim of production."
- Marx, (in PreCapitalist Economic Formations).

One of the major points of contention between the so-called 'formalist' and 'substantivist' schools of economic theory has concerned the nature and degree of agency in economic activity and, conversely, the nature and degree of constraint imposed on such agency by sociocultural and economic structures and processes. According to the formalist school, the economies of all societies are characterised by individuals seeking to maximise their material self-interests by 'choosing' to engage in economic transactions in competition with others. Such choices are 'rational' insofar as they are based on a reasonable knowledge of the various market forces influencing transactions. According to the substantivist school however, this approach ignores the nature and constraining impact of sociocultural structures and processes on economic activity, and the degree to which these may vary, both between communities and over time. In particular, this approach has difficulty in explaining why individuals may choose not to maximise self-interest, or indeed why some individuals may not have the opportunity to 'choose' at all. Clearly a theory of practice, which seeks to explore the impacts on behaviour of differential access to knowledge, will have some important things to say about the formalist-substantivist debate, and the nature and role of economic activity within particular historical contexts.

In this discussion of the Sherpa economy I do not intend to engage in a comprehensive critique of the formalist-substantivist debate. (Useful critiques published elsewhere include Dalton, Polanyi, Nash, and Sahlins). Rather, I want to explore the commonly held notion that Sherpas - both historically and today
- are an essentially 'entrepreneurial' community, with real opportunity for individuals to maximise self-interest (see e.g. von Furer-Haimendorf 1964, 1975, Ortner 1989).

There is no doubt, as we have seen, that Sherpas are individualistic and value their independence. There is also no doubt, as we shall see, that there always have been and still are a number of important incentives to entrepreneurial behaviour, including that in the economic sphere. Contemporary Sherpas have demonstrated a considerable willingness and skill in engaging with the opportunities that have arisen in recent years in the area of tourism in particular. Sherpas are no longer simply porters for trekking and mountaineering groups. Today such groups are likely to find that a Sherpa is the manager (and even owner) of their trekking company, hotel and restaurant; the pilot of their plane; the manufacturer of their muesli; the head of the National Park they are visiting.

And yet Sherpas are also renowned for their concern with religious rather than material pursuits, for their generosity, and their cooperation with each other. Alongside the present rise in access to and significance of cash, wage labour and imported commodities in Sherpa society, there is also a small but significant efflorescence in traditional gift exchanges, an ongoing aversion to financial risk, a perception that self-interest lies ultimately in the well-being of the community as a whole. Wealth is increasingly important in its own right, as well as a vehicle for status, but it is still by no means a sufficient condition for status, and in any case is still largely invested in religious and social activity rather than in further profit-making activity. Sherpas themselves generally do not claim to be good economic entrepreneurs. Furthermore, Sherpas themselves are aware of the unequal distribution within the community of access to entrepreneurial opportunities, and the negative impacts of increasing socio-economic stratification.

In the previous Chapter I suggested that agency in social and political affairs is significantly constrained by the hierarchical structure of relations that pervades the Sherpas' universe and, in particular, by the control of spiritual knowledge and the means of its production and distribution by the religious elite. It would appear important, then, to examine whether economic exchanges are similarly constrained. If they are - and I shall demonstrate that they are - then the notion that Sherpas are 'entrepreneurs', at least in the formalist sense, must be re-examined. Entrepreneurship, I suggest, is most usefully viewed not as an absolute, static, 'economic' phenomenon, determined by supply-demand factors alone; nor is it wholly a 'cultural' trait and even less an intrinsic aspect of personality. Rather, it might be seen as a function of the complex and changing relation between the variety of factors enabling agency and those constraining
it. Conceived in these terms, the study of entrepreneurship can illuminate a variety of phenomena beyond the simply 'economic'.

4.2 The Sherpa economy.
The study of entrepreneurship in Nepal (Zivetz 1988) has been popular among social scientists, in part, because of the poor performance of the Nepalese public sector and the availability of funds (through the U.S. Government in particular) for aid projects promoting entrepreneurial small business activity. A central issue in these studies has been the identification of those factors characteristic of entrepreneurial communities, and individuals within them (with the view to marshalling these factors in the implementation of aid projects). The Sherpas and other high Himalayan Tibetan Buddhist communities such as the Manangis (Cooke), the Thakalis (Manzardo) and the Magars (Fisher 1986) are often singled out as 'entrepreneurial' vis a vis the allegedly more hierarchical caste-based Hindu communities of the middle hills and Terai. This representation owes much, of course, to the common portrayal of these communities as egalitarian and individualistic. Such portrayals are, however, problematic.

Prior to the 1950s the Sherpa economy was based on a combination of agriculture (principally buckwheat and, since the 19th century, potatoes), transhumant animal husbandry (principally yaks / naks and the crossbreed zopkio / zum) and trade (principally petty trade with Tibet). The latter was important because the altitude, extremes of seasons and harsh environment meant that agriculture and animal husbandry alone were insufficient for survival. (Less than 0.6% of land is arable, and buckwheat, millet and potatoes - now grown on 90% of the arable land - are the only really viable crops). At least a degree of entrepreneurship - expressed in trading activity located outside of the framework of social relations - was thus required to augment activities in agricultural and animal husbandry.

What is important is that the Sherpas themselves recognise the interdependence between these three forms of economic activity, and between the different forms of social organisation they encourage. Animal husbandry and trade can be undertaken by individuals/families operating more or less independently. They therefore tend to promote agency and individualism and do not require the development of a centralised formal political system.

Agriculture on the other hand, particularly in such a marginal, harsh environment, encourages greater communality and cooperation. One informant explained this interdependence as follows:
"without yaks there is no manure for the agriculture field. Without the grass field there is no food for the yak. Without the agriculture field there is not enough food. Without the yak there is no trade. Without trade there is not enough food and not enough money to buy yaks and fields. When we trade we do it alone. When we plant potatoes we do it together. It is better this way."

Animal husbandry has always been central to the Sherpa economy because of the importance of having pack animals for seasonal migrations; their importance to trade (providing such trading commodities as wool, butter and cheese, serving as a pack animal, and being an important commodity for sale in themselves); and their importance as a food source (given the lack of self-sufficiency from agriculture alone). It is virtually impossible to determine herd sizes prior to the 1950s but it appears that nearly every family owned at least one or two yaks/naks. Virtually no family, however, owned more than a hundred or so. (This was explained to me once in terms of the following myth the wife of an early settler had successfully tethered 99 animals when, nearing exhaustion, she sighed loudly and scared the remainder away. Since then no single family attempts to manage a large herd).

Since the 1950s the total number of animals in the Khumbu has fluctuated as a result of Tibetan immigration (when the sudden arrival of new herds of yaks led to serious depletion of pasturage); the decreasing significance of yaks as a result of restrictions on trade and the opening up of alternative economic pursuits; and the rising value of grassfields (tseesa) as a result of demand from expeditions (see Cox 1985). Von Furer-Haimendorf (1964:11) records that, in 1957, less than half of the households in the Khumbu (254) owned cattle (with a total herd size of 2,894), and that the majority of cattle were owned by a very few families. In 1979 Bjonness estimated a herd size of 2,882, but in 1982 Bista’s estimate was 2,250. Today in the Thame valley, where the value of animals remains relatively high (due in part to widespread continued trading activity), less than 5% of families (approx. 15) own more than 20 animals (the largest single herd is approx. 60) and more than 50% own less than 5. Over 40% of animals are owned by less than 10% of families. It is thus problematic to equate animal husbandry with entrepreneurship and agency in Sherpa society.

Trade appears to have been carried out by the Sherpas ever since they first settled in the Khumbu, and was particularly important to the villagers of Thame valley. This is partly because the valley is the last point of habitation before Nangpa La, the major pass providing access to Tibet. (The original settlers of Thame - from the Shenggu clan - were renowned for their independence and aggressiveness in discouraging trading competitors and controlling the Nangpa la Trade route). Prior to the opening of the
road from Jiri (west of Solu) to Kathmandu, and the construction of the airstrip at Lukla in the 1960s, the Nangpa La route offered the major source of and market for many essential commodities.

In the 1820s a number of decrees issued by the Rana regime in Kathmandu provided Khumbu Sherpas with a monopoly on trade over the Nangpa La (in part as a means of securing their loyalty to the regime). After this period, the amount and significance of trade increased substantially, with more emphasis on large scale trade for profit. Goods taken to Tibet included dried potatoes, buffalo skins, zopkie, butter, snuff, rice, maize, paper, dyes, needles, clothing, cowboy hats, and thread. Up until the 1930s there was also a significant trade in iron from the village of Those, near Jiri. Goods brought back from Tibet included dried meat, salt, wool, blankets, tea, fat, cheese, gold/silver, horses, religious objects and, in recent years, Chinese manufactured goods. The central destination for traders is still the town of D'ing-ri, some 7 days' travel over the Nangpa La (although a few Sherpas have been known to travel beyond D'ing-ri to generate greater profits). Many Thame Sherpas had (and still have) family members in D'ing-ri to facilitate their trade. However, trade was in no way clan-based, and indeed there is still very little cooperation between Sherpas beyond assistance in actually crossing the pass (which is open only for limited periods).

Prior to the restrictions on trade imposed after the Chinese annexation of Tibet in 1951, profits were occasionally more than 100% (with exported items being approximately twice as profitable as imported items). Informants who traded at the time say that up to 500 yak loads per year would travel to Tibet, with some traders making the trip 3 times per year. Because trade always occurred with non Sherpas, and therefore did not have direct impacts on social relations, it was never conceived by the Sherpas as a threat to their culture or social organisation. In Thame, virtually every household was involved in trade (with more than 10% of traders being women).

What is important, however, is that for Thame traders, this was largely petty trading, in basic commodities rather than luxury goods (profits for which were less stable, but generally much higher) and for consumption rather than profit. Only 4 or 5 traders from Thame (compared to approx. 15 from Namche) could be classified as large traders (i.e. with 10 or more yak loads). In other Khumbu villages, less than half of the households were involved in trade. It is therefore somewhat misleading, I suggest, to represent Sherpas, as a whole, as an entrepreneurial trading community, as von Furer-Haimendorf and others have
done. Indeed, given the pervasiveness of subsistence petty trading in Thame, and the presence of a number of important incentives to trade, the relative paucity of large scale entrepreneurial trade is significant. Certainly, agency in economic activity cannot simply be assumed on the basis of trading opportunities.

Today, trade with Tibet continues, despite the retraining restrictions, the improved transport links with Kathmandu, and the availability of lucrative income-generating opportunities in tourism. However, the nature and degree of trade has changed significantly. Less than 20% of Thame households are actively involved (and less than 5% of households in Khumbu as a whole). Nearly half of these are involved in relatively large-scale trade for profit. An increasing percentage of traders are Tibetan immigrants, who do not have access to agricultural land in the Khumbu. Furthermore, there is an increasing tendency for Sherpas to trade with traders arriving from Tibet rather than to travel there themselves. While far less profitable, this form of trade is clearly less of a hazard and, more importantly, enables simultaneous participation in tourist-related activity in the Khumbu. In the early winter of 1986 I counted over 40 traders from Tibet in Thame. However, for even the more successful young Sherpas involved in tourism, trade clearly remains the ideal economic activity. As one friend remarked,

"trading is hard work, a challenge, respectable. Trekking is boring, lowly, and for the lazy. Trekking makes enemies. Trade makes friends. If we had the money, we would all go off trading."

A number of informants commented to me that they are maintaining their links with their Tibetan trading partners "in case tourism stops."

Nevertheless, Sherpas continue to depend on tourism for their existence. Tourism and mountaineering were introduced in the 1950's at precisely the same time that trade was restricted. Without tourism, it is likely that many Sherpas would have been forced to leave the Khumbu, and pursue alternative means of livelihood. (This was the experience, for example, of the Thakalis, further to the West). Just as trade involved little exploitation of fellow Sherpas, so too tourism appeared - at first - to offer economic opportunities that did not significantly threaten socio-cultural life, or even agricultural and animal husbandry activities. This was because tourism took place outside of Sherpa society, and in the winter months when few major sociocultural events are held and agricultural/animal husbandry responsibilities are minimal. Those Sherpas without large landholdings or herds to look after were especially able to take advantage of the new opportunities available in tourism. Until the early 1970's the number of mountaineers and trekkers in the Khumbu was less than 500 per annum (with only 20 visitors as late as 1964). However,
by the mid 1970s the number of tourists had grown to over 5000 per annum, due in part to the
collection of the airstrip at Lukla, and by 1985 the number had exceeded 10,000 (i.e. more than three
times the total population of Khumbu). By this time, involvement in tourism was nearly universal in the
major villages on the trekking routes. Fisher (1986) reports that, even in 1978, 85% of households in
Kunde had at least one member involved in tourism. However, such involvement is considerably less for
villages off the main trekking routes. In Phortse for example, only 47% of households were involved in
tourism in 1978. Total income derived from tourism by the village of Namche was nearly Rs.1 million
per annum, while that of Phortse was less than Rs.200,000.

Today, there are over 30 trekking companies operating in the Khumbu and over 30 hotels/restaurants in
Namche alone. In one 4-day period in Namche, 5 major expeditions passed through the town, with nearly
400 porters. In the Thame valley, over 80% of households are involved in tourism in some way (up from
an estimated 50% only 10 years or so ago) and nearly 75% of households state that this is their major
source of income. However, the income derived is considerably less than in Namche. There is only one
hotel/restaurant, for example, and less than 5% of trekkers ever visit the village, despite its considerable
beauty, its monastery, and other attractions. (This is due primarily, it appears, to the failure of Thame
residents to market their village successfully, rather than any concerted effort to discourage tourists).

The average wage for a porter is approx Rs. 70 per day, which is nearly double the basic wage of a public
servant. Wages for cooks, guides, sirdars (foremen) and so on are considerably higher again, and large
'bounuses' are common (e.g. a sleeping bag, sometimes worth 20 times the value of the wages paid!) Indeed
the 'fringe benefits' of tourism, including 'sponsorships' are considered by the Sherpas to be more lucrative
than actual wages. The result, however, has been a rapid rise in inflation relative to rises in wages. For
example, while porters' wages have risen over 400% in the last 25 years, the price of potatoes (the staple,
and grown locally) has risen by over 1200% in the same period (Fisher 1986). For those households not
benefitting from involvement in tourism, and for other groups such as the elderly, such inflation represents
a significant threat to economic wellbeing.

The potentially lucrative nature of tourism has led to a high demand for education that enables
involvement in tourism (i.e. basic numeracy, literacy and English language) but a low demand for any
education beyond this. One of the reasons why there are so few Sherpas in professions other than tourism
is that such professions are simply not as lucrative. This concentration of economic activity in tourism is,
of course, potentially hazardous. While women are often employed as porters and cooks, their wages (including bonuses) are considerably less than those of the men, and they are virtually never employed as guides or sirdars. Furthermore, it has been estimated that something less than 10% of the revenue generated from tourism in the Khumbu actually remains in the Khumbu with Sherpas. The proportion of trekkers spending relatively large amounts of money on organised treks is falling (from 70% in 1978 to 50% today) and the proportion of trekkers staying less than 10 days in the Khumbu has more than doubled (up from 7% in 1978 to an estimated 20% today). Clearly there are some real economic dangers in an over-reliance on tourism and entrepreneurial activity in this area. These dangers present a real constraint on agency.

Land ownership has become an increasingly important aspect of the Sherpa economy in recent years. All usable agricultural/grassed land (including that within villages) is privately owned and the remainder is public and for grazing. All forest land has been resumed by the National Park. In the past, the significance of animals, the system of seasonal migration to the yersa (high summer pastures), together with the absence of a system of hired labour for working one's land holding, meant that land pressures were kept to a minimum and even the poorest had access to sufficient grazing land for survival. Nevertheless there is some evidence that the imposition of land taxes by the pembu appointed by the Rana regime in the 19th century placed a serious economic burden on the poor, leading to political activism and out-migrations (Ortner 1989). Certainly, with the rapid increase in population in the 18th century, the introduction of the potato in the 19th century, the decreasing significance of animals and trade since the 1950s, and the increasing concentration of population in permanent village settlements, the price and significance of village land (as opposed to pasture land in the yersa) has increased tremendously in recent years. For example, one grass field, 8m x 15m, sold while I was in Thame for Rs.8000, representing an increase in value in real terms of approx 200% in the last 15 years. According to informants, the value of agricultural land in the last 20 years has increased four times faster than the value of animals and twice as fast as the value of pasture land.

This situation has led to increasing inequalities and conflicts over land ownership, and today the value of land far exceeds its productivity. Only the wealthy can afford to buy land, and the poor are tempted to sell their land to keep up with inflation, resulting in increasing landlessness among the poor and increasing dependence on service occupations (particularly porterage) for income. Non-Sherpa immigrants, including Tibetans, are virtually debarred from owning village land (although this depends somewhat on their
wealth, status and influence). Yet many informants commented that the single most important aim in being involved in entrepreneurial activity is the purchase of land (including land in Kathmandu). This is because land is regarded as the most secure form of investment, albeit far from the most lucrative.

Money-lending (*tanga kindup*) is fairly widespread (nearly 1/4 of Thame households are in debt to some extent). While there are no formal money-lenders as such, those with ready cash (including monks) may be asked, in Thame, to lend up to a maximum of approximately Rs.5000 (but much more in Namche). Interest rates (*khea*) are not fixed, and range from nil (for amounts below Rs.100), to 25% for Rs 1000 and above. While Nepali bank interest rates are generally much lower, very few Thame Sherpas have ever taken advantage of a bank loan and many mistrust the banking system. Loans are generally the responsibility of a household as a whole and, given the significance of relations, are virtually always repaid without conflict.

Sherpa women play a significant role in economic life, including economic decision-making. In the past, women occasionally participated in trading expeditions and today are often employed in tourism. There is no strict division of household labour along gender lines, although women generally assume responsibility for agriculture and domestic food chores. Intra-domestic food distribution, as well as the provision of hospitality to outsiders and the organisation of gift exchanges is often the responsibility of the senior female in a household. Most hotels, restaurants and shops are managed by women. It is important to note, however, that this important role in economic affairs does not flow on to an important role in cultural (and, in particular, religious) affairs. Control of the latter rests firmly with males. The elderly are seldom involved in economic entrepreneurial activity, as this is seen as contrary to the primary aim of preparing for death, acquiring merit and pursuing a favourable rebirth.

The traditional Sherpa economy was not marked by significant surplus production. This was partly because Sherpas had learnt that underproduction still enabled an adequate subsistence, and that overproduction in such a harsh and fragile environment was simply not sustainable. However it was also because of a reticence towards village-wide cooperative endeavours (the nuclear family being the most significant corporate group), as well as the absence of a system of hired labour, the need to limit immovable property and remain mobile because of the demands of seasonal migration, and the significance of social and religious values emphasising generosity and proscribing greed. Even with the introduction of the potato in the 19th century, an event which allowed the production of a significant food surplus, this surplus was
used to invest in religion, rather than in other economic activity.

Related to this tendency towards underproduction was an under-utilisation of labour, or, at least, a relatively large investment of potential labour in "nonproductive" religious and other cultural activity. Even today, despite an increasing emphasis on surplus production and the attractions of tourist-related activity, under-utilisation of labour continues to be the norm. This is demonstrated in the following table, which lists the total number of hours spent on various forms of activity in different seasons by a family of 6 adult members (3 males and 3 females) in Thame over a 7 day period:

<table>
<thead>
<tr>
<th>Type of Activity</th>
<th>Season:</th>
<th>Winter</th>
<th>Spring</th>
<th>Summer</th>
<th>Autumn</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>H O U R S</td>
<td>S P E N T (in one week)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic production</td>
<td></td>
<td>80</td>
<td>185</td>
<td>140</td>
<td>220</td>
</tr>
<tr>
<td>Domestic chores</td>
<td></td>
<td>40</td>
<td>40</td>
<td>35</td>
<td>40</td>
</tr>
<tr>
<td>Social</td>
<td></td>
<td>65</td>
<td>45</td>
<td>60</td>
<td>25</td>
</tr>
<tr>
<td>Cultural/Religious</td>
<td></td>
<td>20</td>
<td>85</td>
<td>110</td>
<td>75</td>
</tr>
<tr>
<td>Leisure</td>
<td></td>
<td>135</td>
<td>95</td>
<td>80</td>
<td>90</td>
</tr>
</tbody>
</table>

While this data is clearly only indicative, it demonstrates the significance of social, cultural and leisure activities relative to economic activities. The proportion of time spent on these activities by males is even greater than that spent by females.

Despite the tendency to under-utilise productive labour in economic activity and the hesitancy to maximise surplus, the Sherpas as a whole have always been fairly well off relative to their neighbours. As already indicated, the original Sherpa settlers brought considerable wealth with them from Kham. The Sherpas were never colonised, nor subject to large-scale exploitation by other ethnic groups or economic systems (such as Brahmin landlords, as was the experience of Rais, Limbus and other groups further to the south). Sherpas always had access to trade, and benefited considerably from the introduction of the potato in the 19th Century. They also had access to wage-labour opportunities connected with British expansion in the Darjeeling area. The threat of over taxation by pembu appointed by the Rana regime in Kathmandu was at least partially balanced by the fact that the Khumbu was too far removed from Kathmandu for effective control, and by the fact that the goodwill of the Sherpas was required if the Ranas were to exercise
influence on the important trade route with Tibet. When land pressures began to be felt many Sherpas
dealt with these simply by migrating (e.g. to the Rolwaling, Arun and Deorali Bhandar valleys).
Furthermore, the Sherpas appear to have always been satisfied with modest amounts of wealth. One
informant once commented that

"in the Khumbu we did not expect to become wealthy, did not try to become wealthy, and were
never dissatisfied that we were not more wealthy."

Certainly, poverty and deprivation do not appear as themes in contemporary Sherpas' views of the past.
On the contrary, the past - sanen lemu (literally 'good era') - is seen as a time of relative abundance,
achieved through the maintenance of harmonious, balanced relationships with the environment.

Real wealth was - and still is - measured in terms of sociocultural benefits rather than economic units per
se (and, to the extent that it is manifest materially, in terms of gold, land and religious objects rather than
cash, down jackets or other readily disposable commodities). Important wealth was status-producing and
used for merit-making rather than profit-generating, and was derived from the appropriate manipulation
of exchange relations (as a result of one's status and control of the necessary knowledge enabling such
manipulation) rather than from overt business or exploitation activity. (Note that the role of the pembu
is not indigenous to Sherpa society). Even the outstanding entrepreneurs of the late 19th and early 20th
centuries, whose activities led to the formation of the first celibate gonda, were under no illusion that
wealth per se was either a necessary or sufficient condition for status. This was because the most
significant form of status - religious status - was ascribed through spiritual descent and ascetic religious
activity rather than achieved through worldly activity. Wealth was rarely overtly displayed, except through
generosity and hospitality. And the most significant form of generosity was that towards monks and the
support of religion. Poverty was a constraint, but not in itself a bar to a fulfilling social existence or a
favourable rebirth. Even the poorest members of the community were generally able to generate sufficient
surplus to maintain the minimum levels of hospitality and support of religion necessary to the maintenance
of good relations with others. (And it was these relations, rather than wealth per se, which guaranteed their
survival). This situation remains much the same today despite the increasing importance of wealth in its
own right. Of the households in the village of Thame Ong, the approximate percentage of income claimed
to be directed towards religion ranged from 5% in the case of a young Tibetan immigrant family to over
50% in the case of an elderly wealthy couple with a number of children in the gonda. (Expenditure on
hospitality and gift exchanges, on the other hand, ranged from 10% to 40%).

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The Sherpas today are in fact one of the more wealthy ethnic groups in Nepal outside mainstream Hindu society (see Von Furer-Haimendorf 1975; Ortner 1989). According to informants, an annual income of less than Rs.5,000 for an average size household (four working adults) is rare, and many would earn in excess of Rs.15,000. A large number of new houses are being built, many with 2 storeys, panes of glass, and even corrugated iron roofing. The cost of such houses can be upwards of Rs 100,000. While there are very few Sherpas who could be classified as "rich" by Nepali standards, a growing number of Sherpas in Kathmandu live in large luxurious homes, (and at least one is able to afford an estimated Rs 30,000 annually in bribes to maintain his business). One of the most significant indications of the Sherpas' wealth is the extent to which monasticism (which requires a considerable investment of both labour and wealth) has flourished; the increase in construction of gondes, private chapels (lhang) and mani stones; and the increase in commissioning of expensive religious rituals. As Ortner once commented, "monasticism is clearly a rich man's game" (1978:112), and the Khumbu is one of the very few non-urban areas outside of Tibet where monasticism thrives.

The Sherpas have experienced a rapid and profound expansion in their universe in the last 40 or so years, encompassing the social, cultural and political spheres as well as the economic and geographic. New forms of knowledge, enabling access to this expanding universe suddenly became fundamentally important, and Western education became highly valued. And yet these new forms of knowledge and education have complemented rather than replaced the traditional value placed on spiritual knowledge and monastic education, and its distribution within the community.

Today, the Sherpa productive economy is perhaps more visible apart from its sociocultural context, more influenced by supply-demand factors outside of this context, and even perhaps, more significant for the well-being of individuals than was the case in the past. However, it is by no means independent of its sociocultural context. New forms and patterns of socio-economic stratification and inequality are complicating, but in no way replacing, the traditional hierarchical structure of social relations. The rapid influx of cash and commodities has enabled the rise of a new and more independent socio-economic class, but this class appears to be investing its resources in the support of traditional Sherpa religion, community festivals, co-operative labour groups, gift exchanges and so on. Certainly the notion that Sherpas have undergone a transition from a traditional non-market economy to a new, tourism-based market economy is simplistic, if not in fact misleading.
A useful model for expressing, in albeit simplistic form, the nature of change in the Sherpa economy over the last 150 or so years might be as follows, where the circle represents the (expanding) Sherpa socio-cultural universe, and the shaded rectangle represents the (also expanding) Sherpa economy:

Figure 1.

The point here, of course, is that while neither the economy nor the socio-cultural universe is wholly embedded within the other, nor are they wholly independent of the other, and this interdependence continues in the face of the profound changes that are occurring in both. While the Sherpa has not yet transformed into the formalist's 'economic man', and while the control of spiritual knowledge continues to influence and constrain individual economic behaviour, there is no doubt that Sherpas are actively engaging with the forces of change, including new economic opportunities, and taking advantage of the skills which they have developed over centuries of (albeit modest) entrepreneurial activity. The dialectical relationship between structure and agency may have changed, but the relationship itself remains and continues to shape day to day economic life.

4.3. Sherpa as 'entrepreneur': Incentives to and evidence of agency.

At this point, then, let us return to the issue of whether the term 'entrepreneur' is appropriate and useful in describing the Sherpas. In this section I shall review the evidence in favour of such an assertion. Then, in the following section, I shall review the evidence against it.

Firstly, if the revised view of Sherpa history presented in chapter 2 is valid, the settlement of the Khumbu appears to owe much to an independent entrepreneurial spirit seeking to capitalise on the Khumbu's
strategic position on the Tibet-Nepal trade route. The settlement of Thame and Namche Bazaar in particular is marked by this pursuit. Certainly the harsh environment meant that settlers could not rely on agriculture alone for survival. Secondly, more recent migrations to Darjeeling and, in particular, to Kathmandu are also predominantly economically motivated.

Thirdly, oral family histories show significant fluctuation in family fortunes and status, reflecting the fact that wealth and status, and exchange relations more generally, are not wholly ascribed but rather must be established and maintained by each individual.

Fourthly, Sherpas demonstrate considerable skill in what I have referred to as “impression management” i.e. the willingness to mould one’s behaviours to conform with those required in a particular situation, even if these conflict with behaviours normally considered acceptable. (See also Manzardo and Fisher 1986 for a discussion of impression management skills in other Tibetan Buddhist communities in Nepal). Impression management skills allow Sherpas to establish productive trading relations with non Sherpas and even Hindus (for example by demonstrating a respect for caste distinctions and rules of commensality*). They also enable Sherpas to convey the image to Western tourists of being generous and hospitable, clever, and yet poor, thereby often attracting substantial bonuses and sponsorships.

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f.n.* The Sherpas have a myth (see also Ortner 1989:37-38) which, from their perspective, explains why they are able to conform with Hindu caste rules of commensality, and even accept a polluted status within the Hindu caste system, for the sake of maintaining economic relations with Hindu Nepali groups. According to this myth, the first Sherpa settlers went down to Solu to trade Tibetan salt for grain. The Nepalis, however, did not like the Tibetan salt, saying it was polluted, and so they refused to trade. Only when the Sherpas agreed to allow the Nepalis to spit in their mouths did the Nepalis give them grain. Because they had allowed themselves to be polluted by the Nepalis' spit, the Sherpas were able to learn Nepali and thus negotiate further favourable transactions, while the Nepalis were unable to learn Sherpa (and thus were unable to manipulate the Sherpas to their advantage). Note here the significance of language. That is, by allowing their mouths to be polluted, the Sherpas gained access to the Nepalis language, and thus to the knowledge which enabled them to exercise economic power over the Nepalis. In the same way, Sherpa lhawa-minung (shamans) gain access to the language (and thus to knowledge-power) of supernaturals by allowing themselves to be polluted (possessed) by these supernaturals. The Sherpa laity, however, remain unable to access this language/power directly.
Fundamental to such skills is the Sherpa's extensive knowledge (and tolerance) of other cultures, and languages, deriving in part from their lengthy experience as traders. Fifth, trade itself clearly requires at least a degree of agency, and is an activity in which Sherpas participate as individuals rather than as groups. A Sherpa is fairly free to trade what, when, with whom, and how s/he pleases.

Sixth, Buddhism itself - and tantric Tibetan Buddhism in particular - allows for a considerable degree of agency in economic activity. Relative to Hinduism, relations between humanity and the gods are conceived as more utilitarian, reciprocal and flexible. Karma is conceived in less deterministic terms, allowing a more pro-active, less fatalistic approach to the management of the varied and complex spiritual forces affecting wellbeing. The viability of the monasteries themselves required the production of a surplus of a size not possible through agriculture and animal husbandry alone. Individual monks are permitted to participate in economic activities for both the gonda and themselves (and are often required to do so in order to survive, as they are expected to be largely self-sufficient). Indeed the degree of separateness from normal social rules and obligations which monks enjoy often appears to enable them to be more aggressive and entrepreneurial in business negotiations than the laity. A number of monks, having learnt some English at the gonda, have left the gonda and gone trekking instead. (This is a particularly serious problem in the religious community in the Rolwaling valley). Many monks and lamas are kept busy performing rituals designed to enhance the success of entrepreneurial activities. There is some concern that Tengboche monks are using gonda land for hotels and other tourism-related activities at Tengboche. Certainly, Thame monks are actively and successfully involved in trade with incoming traders from Tibet, and often succeed in soliciting large donations from tourists visiting the gonda.

Other incentives to entrepreneurial behaviour include the fact that, while generosity is highly valued, there is no obligation as such to share one's wealth (except, perhaps, with fellow members of one's household). While a gift must always be reciprocated, the benefits deriving from a gift need not. The private ownership of property is well entrenched and well respected. Fraternal polyandry is one of a number of mechanisms used to ensure that wealth is retained within the family. (This marriage system also, of course, allowed one husband to be absent for extended periods on trading expeditions).

Agency is perhaps most widespread in the case of tourism. An estimated 3/4 of males between the ages of 15 and 50 (and perhaps 1/4 of females) have made at least one trip to Kathmandu (and many have made many more) to seek/perform work in the trekking business, despite the fear of sickness and attacks.
from unfamiliar supernaturals, the expense involved, and the lack of certainty of finding employment. Two of the largest Sherpa-owned trekking companies are today owned by ex-Thame residents. After a flood destroyed a section of the trail from Lukla to Namche in 1985, a new trail was constructed, and over 50 new hotels/restaurants/shops/teahouses were suddenly built alongside it, in less than 2 years. The airstrip at Lukla is the busiest one in Nepal outside of Kathmandu. Sherpas have successfully exploited a number of spin-offs from tourism, including the sale of Tibetan handicrafts, the buying and reselling of expedition gear, the extracting of ‘sponsorships’ and bonuses/gifts from grateful customers, the selling of Western food (chips, to cinnamon rolls, to apple wine!), commissions from finding work for porters, money-changing, the sale of wood to hotels, the construction of hot showers, and the renting of yaks as pack animals and the sale of grass. Women are particularly active in these spin-offs. Monks, as we have seen, are also active in the tourist industry. In Namche, losar (the Tibetan New Year festival) is put forward a month so that it does not interfere with business.

Much of the involvement in tourism is undertaken by individuals as individuals, rather than as groups, clan-based or otherwise. Indeed there is much rivalry between Sherpa-owned trekking companies (e.g. claims of staff being ‘stolen’ by competitors after being trained) and a strong aversion to establishing partnerships with fellow Sherpas (see below). It is important to note here that Sherpas’ experience with Westerners through tourism has encouraged their entrepreneurial efforts. Firstly, tourists have demonstrated considerable interest in and support for Sherpa religion and culture as a whole, as well as respect for Sherpas’ skills in mountaineering. Secondly, tourism has handsomely rewarded entrepreneurial effort. Thirdly, tourists have provided important models of successful individualistic entrepreneurs and the benefits of material pursuits.

In sum, individualism remains a powerful force in Sherpa society, and has provided the opportunity for a fair degree of freedom and agency in economic activity. However, there is also evidence that this individualism has also served as a significant disincentive to the undertaking of large-scale entrepreneurial activity requiring cooperation and a pooling of resources. At this point, then, let us move on to exploring some of the disincentives to entrepreneurial economic activity, and evidence that Sherpas are perhaps not as entrepreneurial as might at first appear.

4.4 Disincentives to entrepreneurship.

Firstly, the preference for going it alone has prevented the rise of a tradition of hired labour, which in turn
has limited the size of trading caravans and land holdings and, more recently, of trekking companies. While petty money-lending is common (and indeed often necessary for commissioning religious rituals and fulfilling sociocultural responsibilities such as gift exchanges and providing hospitality at festivals) there is no tradition of moneylending for major business ventures as such. While indebtedness is common - and perhaps even essential to reciprocity and overall social integration - it is not considered desirable. Indeed, a Sherpa proverb states that "rich is the man who has no debt to pay". The great majority of tourism entrepreneurs surveyed in Kathmandu in 1986 preferred to operate as individuals, using their own resources as far as possible, even though this limits the scope for expansion. While they tolerate Western partners, they are particularly wary of establishing business partnerships with fellow Sherpas. What is important here is that this reticence derives not from a fear of economic losses, or even any significant past experience of broken trust as such (I could find no examples of broken trust in business partnerships), but rather from the fear of the sociocultural ramifications of the possibility of broken trust. That is, as one informant put it, "we are more afraid of bad relations than we are greedy for profit". This reticence is particularly acute in the case of those with whom one has significant or frequent sociocultural contact i.e. neighbours, friends, and even kin (although the nuclear family resident in a single household will always cooperate as an economic unit). Sociocultural obligations are already perceived as onerous enough, and the cause of a number of minor conflicts. The "problem of proximity" discussed in the previous chapter and the problematic element of relations in a small, closely-knit community is thus an important disincentive to the cooperation required for large-scale economic ventures.

Secondly, the Sherpas' perception of wealth (and the problematic nature of worldly activity more generally) has discouraged efforts which seek to accumulate it at the expense of social and spiritual wellbeing. As already indicated, survival in the Khumbu was guaranteed by the maintenance of good relations with one's neighbours, rather than by wealth per se. Wealth has never been a sufficient condition for status, or even the exercise of political influence. The obligation to participate in cooperation labour groups such as larnin could never be fulfilled by contributing money instead. Indeed, labour has always been highly valued in the Khumbu and its value is determined as much by sociocultural factors as by economic imperatives. Labour resources within the family, though generally in short supply, are often diverted, as we have seen, to alternative, non-economically productive pursuits. (In Kathmandu, however, where sociocultural obligations are fewer and less problematic, where wealth is more important to status, and where capital is more readily available, wealth is more significant relative to labour. As one informant put it, "it is easy to be rich in the city because it is easy to buy help").
Thirdly, Sherpa religion has, I suggest, served to discourage entrepreneurial activity in some important ways. Implicit within the notion of the interconnectedness of the universe is the notion that one person's gain may well entail another person's loss, and Sherpas are acutely aware of the flow-on effects of worldly materialistic actions which - consciously or otherwise - may exploit and bring suffering to others. Greed, jealousy and envy, which result in sickness, are seen as closely associated with worldly material interests and pursuits and are strongly proscribed. Religious pursuits on the other hand are seen as relatively 'higher', entailing selflessness and generosity. They involve submission to and acceptance of one's place in the 'natural' hierarchy of the universe as espoused by religion (including the dominance of the religious elite over the relatively 'low' laity). And they involve ridding oneself of worldly wealth and material attachment, not increasing it. The Sherpas' best known, most respected and best-loved heroes - both living and dead - are religious personages who have forsaken material pursuits, rather than entrepreneurs or those exercising political influence.

Also significant here, of course, is the importance in Sherpa society of exchange, the value placed on reciprocity, and the pervasive influence of the idiom of hospitality (see Chapter 3). In one case, a Thame family, who opened a teashop at the river below the village, was forced to close it down one month later because too many customers had been offered tea free of charge. Economic transactions are a subset of a much wider idiom of exchange which is pervaded by social relations based on hospitality and reciprocity, and by religious ideals which discourage the pursuit of material self-interest. A lama informant once expressed this encompassment of economic activity within the wider sociocultural framework in the following terms:

"Business is necessary for life but it is not life. People who do business successfully are clever but not wise. Clever people know that there will be no butter lamp unless the wick, oil and flame are of good quality and that there are good relations between them. Life is a good butterlamp. Business is only part of life. If there is too much (or not enough) business, life goes out".

Other disincentives to entrepreneurial activity already alluded to from within the economic system itself include the emphasis on (and viability of) domestic self-sufficiency, the associated tendency to under-production and under-utilisation of labour, the burden of fixed assets in the context of the need for mobility and seasonal migrations, the relative lack of significance of supply-demand factors in determining exchange values, and the concern with securing a minimum (or at least 'sufficient') mode of subsistence rather than with maximising opportunity and pursuing an unattainable standard of living.
Epstein (in Dalton 1971) has noted that this latter feature is common in hierarchical social systems where survival is guaranteed, subject to acceptance of the structure of hierarchy itself and one's place within it.

'Entrepreneurs' in such systems, according to Epstein, are those who have 'disentangled' themselves successfully from this structure of hierarchy.

The Sherpas have also had to contend with a host of disincentives to entrepreneurial activity in the tourist industry. These include a lack of access to quality formal education in Western systems of management and accounting; a lack of contacts ("source and force") in the Kathmandu commercial, political and bureaucratic milieus (essential to successful economic activity even for indigenous Kathmandu residents - see Zivetz 1988); a lack of access to capital (and, related to this, an inability to pay the substantial bribes required for the establishment and maintenance of businesses in Kathmandu - see Kondos 1986); an increasing recognition of the negative impacts and problems associated with a reliance on tourism (see below); and a growing distaste for the perceived low status of activity that involves serving the needs of tourists (see Fisher 1986b).

Finally, the physical environment itself, while in some ways encouraging entrepreneurial activity, has also acted as a disincentive, particularly in the past before tourism was introduced. The harshness of the environment discouraged a concentration of activity in one economic sphere (while simultaneously limiting the range of alternative economic pursuits available); led to the dispersal of settlements and an emphasis on self-sufficiency; and limited the size of the population, thereby keeping land pressures under control and limiting the size of any potential market. Furthermore, the geographic isolation of the Khumbu from the major Nepalese and Tibetan commercial and political centres has also limited the size of the market and the opportunities for alternative economic pursuits.

Given these disincentives, it is not surprising to find that Sherpas are not as entrepreneurial as might have at first appeared. This is manifested in a number of ways. Firstly, a closer examination of the wealthy, large-scale traders of the last 50 or so years reveals that few were in fact wholly 'self-made'. Rather, the majority of these, faced with new and extraordinarily lucrative opportunities, capitalised on the wealth and contacts generated by their forefathers. Secondly, losses experienced in generating profits are often greater than the profits themselves. On a number of occasions I witnessed traders haggling with their clients for hours over a few paisa, while simultaneously providing them with generous amounts of alcohol and other hospitality. Thirdly, much of the trade in the past was in fact petty subsistence trade rather than large scale
profit-making trade, despite the opportunities for the latter. This is not explained by the lack of 'source and force' alone.

Fourthly, there appears to have been little coordination of effort by groups of entrepreneurs to corner supplies of trading commodities (thereby artificially inflating their market value), or even to ensure there were sufficient buyers prepared to pay reasonable prices for commodities prior to embarking on a trading expedition. (While I was in Thame, a number of traders returned from Tibet with the bulk of their goods unsold because there was no market for them there. Rather than cut their losses and accept lower prices, the traders simply returned with their goods).

Fifth, when new economic opportunities arose, Sherpas were not always able to capitalise fully on these. For example when the herb huling (used for preparation of a herbal medicine) became highly sought after by Indian traders approximately 25 years ago, the Sherpas rapidly over-harvested the herb, over-supplied the market, and sold it at very low prices in competition with each other.

Sherpas have never undertaken the long term, long distance, and highly lucrative (but risky) trading expedition to large Asian urban centres for which other high Himalayan groups (such as the Manangis, Thakalis and Magars) are famous (see e.g. Cooke, Manzardo, Fisher 1986). Nor have the Sherpas established revolving loan systems or other similar forms of economic cooperation - either within the Khumbu or in the urban centres - which have been the foundation of other groups' economic success. (Note, for example, the Manangis' tsongru - literally 'business clan' - and the Thakalis' dikuti). Even the Sherpa Seva Kendra in Kathmandu, a large and well-sponsored Sherpa community organisation, exists for social and religious purposes rather than to promote economic cooperation. While proficient in the art of impression management, the Sherpas have never been as willing as other groups (such as the Thakali) to be assimilated into mainstream Nepali Hindu society for the sake of economic gain.

Nor have the Sherpas capitalised on the clearly lucrative opportunities in tourism as effectively as they might have done. Of the many aspiring Sherpa tour operators living in Kathmandu, only three have been particularly successful. None feel sufficiently economically secure to diversify into other areas of business. Given a choice of forms of investment, their stated preference is for land in Kathmandu, followed by a shop/hotel in the Khumbu, then by a business other than tourism in Kathmandu, trade, and - last of all - reinvestment in a trekking company. A number said they would prefer to be (and often are) the salaried

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managers rather than owners of trekking companies because, as more than one commented, "too much wealth gives too many problems". Similarly, there has been remarkably little diversification in the trekking business itself. Most companies are merely clones of others, and there has been a slowness in introducing such potentially rewarding ideas as special interest tours, the establishment of supply depots en route to reduce portering, the construction of high quality guest-houses for long-staying guests, marketing through the use of audiovisual technology in Kathmandu, the opening up of new trekking routes, etc. Competition between trekking companies is fierce leading to falling profits and a decline in quality, in turn threatening the viability of companies part-owned by Westerners and rendering them increasingly susceptible to takeovers by non Sherpa Nepalis.

In the Khumbu, very few locally produced handicrafts are on sale (and indeed the handicrafts that are available are made in Kathmandu and sold predominantly by Tibetan immigrants). A recent effort by the Government Department of Cottage and Village Industries to establish a Sherpa handicraft cooperative failed due to a lack of interest. Local shopkeepers do not cooperate in bulk-buying of goods in Kathmandu or vegetables in Solu (and do not provide incentives for customers to bulk-buy). There is little evidence of any real long-term investment if this is at the expense of short-term investment. Although the market in Namche Bazaar is becoming increasingly important for access to staple commodities, there is very little cooperative effort to control prices (which rise by up to 25% each tourist season). Despite the increasing incidence of exploitation of local porters by outsiders (and even Solu Sherpa sirdars), the Khumbu Sherpas have failed to cooperate to prevent such exploitation. Sherpa traders are increasingly happy to stay in the Khumbu and wait for the Tibetan traders to come to them rather than make the trip to Tibet themselves, even though profits are more than halved as a result of such passiveness.

Finally, the Sherpas are becoming increasingly aware of the negative impacts of tourism, and this in itself is proving to be an increasingly important disincentive to entrepreneurship. Firstly, the inequalities in the distribution of wealth generated by tourism, are more visible, for example, in the quality (and number) of houses; in the ability to afford to keep children at school (note that a lengthy education is not essential to participation in tourism); in the ability to afford trips (by plane) to Kathmandu or India for business or pilgrimages; and even in clothing, diet and access to luxury goods (watches, stereos, lamps etc). The sociocultural repercussions of rising inequality are considerable. While families involved in tourism are generally able to provide hospitality and fulfil other obligations despite rising inflation, those not involved in tourism (including the elderly) are not able to sustain these expenditure patterns, and thus are becoming
increasingly marginalised. Even among those involved in tourism, inequality is increasing. (On one 2-month expedition, for example, a sirdar friend earned a total of over Rs 30,000 while his porters earned just Rs 2,500). One informant commented on this inequality in the following terms:

"the sirdars are rich and can drink and give more chang. The top sirdars are so rich that they can stop drinking and giving chang, and just give (imported) whiskey. So their status goes up fast. But the porters cannot afford to give even chang any more. The sirdars become politicians, but the porters are becoming beggars".

Inequalities are also increasing between villages, particularly between those which are and those which are not on the major trekking route to Everest Base Camp. Yet surprisingly few families have actually moved to take advantage of economic opportunities. Thame villagers occasionally express animosity towards those Namche entrepreneurs who, they feel, have threatened traditional Sherpa social structures and cultural values through their activities (e.g. the employment of servants, and the soliciting of 'sponsorships' from tourists for the education of non-existent children. While nearly every Namche family has a 'sponsor', only 12 households in the entire Thame valley claimed to have one). A number of informants expressed concern that increasing inequalities are leading to a situation where Thame residents are being seen and treated by Namche residents as a 'low caste'.

Other reasons for concern about the impact of tourism include the fact that over 120 Sherpas have died on mountaineering expeditions in the last 40 years. Given that these are generally the young, more educated, entrepreneurial and capable Sherpas, this figure represents a serious resource loss to the community, quite apart from the personal sadness and suffering which such deaths entail. Another concern is the unpredictability of tourism and its vulnerability to national and international political and economic factors, as well as local environmental factors, over which the Sherpas have no control. For example, when the trail from Lukla to the Khumbu was washed out in 1985 the number of tourists coming to the Khumbu fell dramatically. Any interruptions to flights from Kathmandu to Lukla (e.g. from damage to the airstrip, fuel shortages, changes in RNAC policies etc.) also have a significant negative impact on tourist numbers.

Many of the traditional Sherpa crafts are dying out as more and more manufactured goods are imported. Agricultural productivity appears to be falling in some villages (Steven 1986) as villagers become more dependent on imports, over whose prices (and nutritional/health impacts) the Sherpas have little or no control. While divorce has always existed in the Khumbu, the extended absences of spouses on expeditions and, in particular, in Kathmandu (where many Sherpa men have established relationships with other
women) has led to a perceived rise in the number of marriage breakups. There is also a perception among many Sherpas that intrafamilial conflicts have increased in recent years as a result of the diversification of the economy with the introduction of tourism, the rapid influx of wealth to a few, and contact with new values and customs. Sherpa religion also appears to be undergoing some changes as a result of the impact of tourism, particularly in terms of the extracurricular activities of certain monks and lamas. Concern is also being expressed about the environmental impacts of tourism. In a survey of over 50 Sherpas resident in Kathmandu in 1986, nearly 85% said they would prefer their children to go into professions and Government service rather than into tourism or other business (and nearly the same percentage said they intended to settle permanently in the Khumbu, rather than remain in Kathmandu).

In sum, while there are a number of incentives for Sherpas to be entrepreneurs, and opportunity for at least a select few to exercise agency in economic activity, this does not necessarily imply that all Sherpas have become more entrepreneurial, that all Sherpas have benefited from these opportunities, or that agency in economic activity is not constrained in important ways by the structure of sociocultural and political relations. Indeed, the efflorescence of gift exchanges, the renewed support for Sherpa religion, and the ongoing reluctance by Sherpas to sacrifice social and spiritual wellbeing for short term individual material gain suggests that the relationship between the economic and sociocultural spheres remains an intimate, interdependent and interpenetrating one. So much so, in fact, that the very notion of an analytical separation between the spheres must be seen as problematic.

4.5 Concluding remarks.

How, then, does this analysis of the Sherpa economy inform our earlier more theoretical concerns with structure and agency, the debate between the formalists and substantivists, and the study of 'entrepreneurship' more generally? Firstly, the analysis confirms Sahlin's (1974) thesis, in which he argues that:

"a material transaction is usually a momentary episode in a continuous social relation.... the flow of goods is constrained by, is part of a status etiquette... yet the connection between material flow and social relations is reciprocal... if friends make gifts, gifts make friends" (1974:185-6).

The economy is ultimately a subset of culture. Economic activity in the formalist sense remains a part-time activity, and an activity of part only of Sherpa society. While the nuclear family seeks to exercise independence and self-sufficiency, the hierarchical structure of social relations curbs its anarchy, and both unleashes and constrains/conserves its productive capacity. The centrifugal forces within it are
counterbalanced and encompassed by the centripetal integrative impact of the wider sociocultural framework. And the authority and legitimacy of this framework is reinforced by the authority of religion and the religious elite.

It is fair to conclude then, I suggest, that the formalists' neoclassical approach to economic systems and behaviours has only limited relevance for a study of the Sherpa economy. The fundamental significance of distribution and exchange, for example, is often masked by the neoclassical/formalist emphasis on production and the maximisation of profit. In the Sherpa case this is a particularly serious weakness. The why and the how of exchanges is ultimately more significant than the what. The imperative to reciprocate, while affording opportunity for the manipulation of social relations, remains a function of these relations, rather than of agency, individual 'choice' and the pursuit of material benefits per se. In fact, exchanges are often economically very problematic; an onerous obligation as much as a privilege. Ultimately it is groups who exchange, rather than individuals, and the primary result is the reaffirmation of relations of power and status rather than a redistribution of wealth per se. A focus on why individuals 'choose' to participate (or not) in exchanges ignores the very real issue of whether choice is a valid notion at all in such contexts. Certainly the notion that such choice is 'rational' because it is based on knowledge of the market and a natural desire to maximise self-interest through competition begs some very important questions about the nature and control of such knowledge and its distribution within the community.

And yet an extreme substantivist position, which ignores the possibility of agency and focusses solely on social relations as the determinant of economic behaviour is also problematic. Reciprocity and communality may be the most visible expressions of social relations in small scale societies, but this does not mean they do not coexist with tendencies towards individualism, entrepreneurialism and conflict. Levi-Strauss once commented that "exchanges are peacefully resolved wars, and wars are the result of unsuccessful transactions". The imperative to reciprocate may compromise the autonomy of the household, but it need not destroy it. Reciprocity is achieved, at least in part, through agency rather than being opposed to it, just as economic motivations can be expressed through sociocultural imperatives rather than, necessarily, at their expense. As Sahlins himself points out,

"reciprocity is always a 'between' relation. However solidary, it can only perpetuate the separate economic identities of those who so exchange" (1974:94).

A Sherpa informant once explained it as follows:
"We Sherpas have learnt that we must have both a closed fist and an open hand. If we are to survive in this life we must be strong and work hard for ourselves, but we must also remember that there is more to ourselves than just this life and just this body. We must also be humble and generous and compassionate. We must live apart but we must also come together. This is the meaning of compassion."

While a focus on social relations will reveal much about the constraints operating on agency, it is important that the underlying factors giving rise to a particular structural configuration of relations be explored. Fundamental here, I suggest, is the control of knowledge, particularly that which interprets and gives meaning and legitimacy to the ideas and values on which exchanges (and thus social relations more generally) are based. While a person may have access to the necessary technical knowledge to 'produce' goods successfully, and even the 'economic' knowledge (i.e. knowledge of exchange values, market forces etc) required to 'transact' successfully, this alone does not guarantee access to the knowledge enabling effective participation in the exchanges on which social status, political influence, physical health, spiritual wellbeing and even economic security are ultimately dependent. It is the unequal distribution of access to the knowledge which facilitates the control of exchanges, I suggest, which gives rise to other forms of inequality (including gender, age, socioeconomic/occupational and especially, religious-lay). That is, it is control of knowledge rather than social relations per se which is the primary variable in economic behaviour, and in the relationship between structure and agency more generally.

A final comment, then, concerns the need for an approach to entrepreneurship which encompasses the notion of dialectical relation between sociocultural imperatives and economic motivations. According to this broader view, entrepreneurship is not a purely 'economic' phenomenon, the characteristic and 'choice' of the 'economic man', determined by supply-demand factors alone, and inevitably involving the rational (and knowledgeable) maximisation of material self-interest in competitive market situations. But nor is it wholly a cultural trait, and even less an intrinsic aspect of personality. Rather, it is a function of a dynamic interplay between the historical conditions - both within, and outside of society - which serve to reproduce structure, and those which enable agency. As such, entrepreneurship is part and parcel of a great variety of other behaviours, beyond the purely 'economic'.
CHAPTER 5:

SHERPA RELIGION.

5.1. Introduction.

In the previous three chapters I explored the relation between structure and agency in the secular domain of Sherpa society and, in particular, the opportunities for agency in social and economic exchanges. The key factors determining such opportunities are, I suggested, the nature and quality of one's relations with others, access to the necessary material resources, and - perhaps most important of all - control over the knowledge and discourses which enable one to manipulate and maintain these effectively. Opportunities for agency are thus clearly unevenly distributed. Nevertheless the opportunities are there, and Sherpas actively pursue them, seeking to affirm their independence and economic self-sufficiency while simultaneously participating in the broader sociocultural framework. Sherpa society, I suggested, is characterised by both individualism and communality, conflict and cooperation, acquiescence to the structure of knowledge-power relations and the quest for agency and autonomy.

In this chapter I develop these themes further by moving to an analysis of Sherpa religion. My analysis emphasises, however, a vitally important difference between the religious and secular domains: within religion there is significantly less opportunity for agency than there is in secular activity. Furthermore, there is a widening cleavage between the religious elite and the laity in terms of access to and control over such opportunities. This is important, because it is through the framework of religion that meaning is constructed, values are affirmed, and order is perceived and reproduced. Through religion authority is legitimated, supernatural assistance for day-to-day needs such as healing is accessed, and a favourable rebirth is pursued. In short, to the extent that agency in religious activity is constrained, the Sherpas lack control over one of the most vital influences on their day-to-day lives.

The principal constraint on agency in religious activity, I suggest, is the control exercised by the religious elite over religious or 'spiritual' knowledge i.e. the knowledge which enables one to call the gods and
supernaturals, communicate with them, and access their assistance. Control of this knowledge is achieved, in turn, through the control by the religious elite of the discourses (texts, mantras, codes etc) through which spiritual knowledge is produced, classified, distributed, used and evaluated. And it is enhanced by the belief that spiritual knowledge is divinely inspired, ascribed rather than achieved, and hence axiomatic, self-evident, less open to question and manipulation, and 'higher' and 'purer' than secular knowledge. The result of all this is that the laity are unable to communicate and deal with the gods and supernaturals directly, and are thus dependent on the religious elite for the satisfaction of a great many of their day-to-day needs. The rise of celibate monasticism and the more abstract, transcendentally-oriented structure of knowledge and ritual practice which it embodies has reinforced this dependency, has consolidated the status and authority of the religious elite, and has thus reaffirmed the hierarchical structure of knowledge-power relations on which order and control in Sherpa society more generally is founded.

This chapter follows on from a more extended discussion on Sherpa religion (Draper in Samuel et al, forthcoming) in which I reviewed the ethnography of religion in SE Asia, South Asia and Tibet, its preoccupation with the internal structure of religious systems, and the relevance of this ethnography for a study of Sherpa religion. I then reviewed the ethnography of Sherpa religion itself (including my own pre-fieldwork study, Draper 1985) and critiqued its tendency to emphasise the views of the religious elite (to the neglect of those of the laity); its preoccupation with demonstrating internal consistency and structural compatibility; and its assumption of similarities with religion in other Tibetan Buddhist societies.

From this foundation I then described some of the changes in my own approach to Sherpa religion as a result of my fieldwork, particularly my growing sense of the importance of addressing the variation in and distribution of religious knowledge. Sherpa religion, I concluded, may not be composed of distinct competing traditions, but nor is it a homogenous, static system, equally accessible and satisfying to all. Finally, I applied these findings to an analysis of exorcism rituals and the various interpretations which Sherpas offered me as to the nature and function of demons in these rituals.

In this chapter I shall focus attention on these latter sections of that discussion. First, however, I shall begin with a brief overview of the historical development of Sherpa religion, demonstrating how the opportunity for agency in religious activity has been reduced with the ascendency of the celibate monastic elite.
5.2. History of Sherpa religion.

The Sherpas, historically, followers of the tantric sang nga branch of the Nyingma sect of Tibetan mahayana Buddhism. The sang nga was brought to the Khumbu by the Sherpas when they first migrated from Kham. Indeed their migration was largely prompted by their desire to preserve the sang nga in the face of religious persecution. The sang nga (literally 'power of the heart') is a particularly active, practice-oriented, and 'pragmatic' branch of Tibetan Buddhism, relative to the more doctrinal and transcendentally-oriented branches of, for example, the Gelugpa sect. The sang nga emphasises the dramatic and often violent tantric exorcism of demons (dug) and the active propitiation, control and manipulation of the gods (lha) and supernaturals (shrendi). The latter are believed to pervade the universe and to exercise a profound influence on worldly events. The sang nga is thus of vital importance to day-to-day life. But the sang nga also provides a powerful means of acquiring merit and securing a favourable rebirth. It is thus also vital for transcendental, other worldly concerns. Indeed Sherpa religion pervades every aspect of a Sherpa's existence, and commands virtually universal support.

Now, lay Sherpas have never enjoyed direct access to or control over the lha, dug and shrendi. Such access and control has only ever been possible through the mediation of religious specialists. Major exorcisms have been the province of tantric ngapa lamas while village-based banzin lamas carried out less important (and less expensive) exorcisms and offertory rituals. In addition Sherpas had access to a variety of diviners (minung) and what might loosely be referred to as 'shamans' (lhaowa), who provided a means of communication with the supernatural realm through possession by a tutelary deity. More recently Sherpas have come into contact with Tibetan doctors (samji). Finally, with the introduction of celibate monasticism earlier this century, Sherpas have had access to a relatively large number of monks (tawa) and reincarnate lamas (tulku). (For more details of these officiants see chapter 8).

What is important is that, prior to the introduction of celibate monasticism, religious specialists were generally readily accessible to the laity, and provided a fair degree of opportunity for agency in spiritual matters. When the Sherpas first came to the Khumbu it is likely that only a small number settled there, forming three or four small, essentially religious communities, centred around gonda headed by ngapa lamas (see Chapter 2). The most famous Sherpa ancestor figure is Lama Sanga Dorje, recognised as the son of Buddha Chedin, who is believed to have resided on the sacred mountain Khumbila. Lama Sanga Dorje was the founder of Pangboche gonda. The Thame gonda was built by his brother, Rolba Dorje, and the Gomila gonda in Pharik by another brother, Kemba Dorje. Gandas in other villages appear to have
been built later, partly as a result of jealousies and conflicts over control of the main *gondas*.

*Ngapa* lamas were often married, and involved in trading and other forms of secular activity. There is a Sherpa saying:

"*Lungba re la khelugre, lama rela cholugre*" - literally, each village has its own social system, each lama has his own religion. That is, while all Sherpas belong to the *sang nga*, each lama was free to develop different religious interpretations, emphases and practices according to the different needs of different clients. The result was a fairly personalised and direct system of contact with the supernatural world, albeit through a lama.

Other religious officiants (i.e. *banzin lamas, lhawa, minung*) were even more accessible and manipulable, living within the village, participating in reciprocal gift and hospitality exchange networks, and employing ritual methods requiring at least some direct participation by the laity. *Lhawa* and *minung* appear to have flourished in pre-20th century Khumbu alongside the *ngapa* and *banzin* lamas. Together, these officiants provided the small *gonda*-centred communities with a strong spiritual foundation, and opportunity for the laity to exercise considerable agency in relation to the supernatural world.

This situation began to change, however, in the 19th century. Firstly, the status and importance of text-based knowledge began to rise as the influence of the orthodox Gelugpa sect in Lhasa began to spread further to the south and west. An increasing number of Tibetan monks and doctors (*amji*) visited the Khumbu, bringing with them texts and the more abstract, transcendentally-oriented self-reflective ideas of the great monasteries in Tibet. While the oral tradition of the shamans persisted, its status decreased and its role became more narrowly focussed on the pursuit of supernatural assistance for healing.

Secondly, the introduction of the humble potato, the increasing trade with both Tibet and Nepal, and the sudden influx of wealth and political power among the few families favoured by the Rana regime in Kathmandu, signalled the creation of an economic, social and political base which could support celibate monasticism and a relatively more homogenised and centralised religious system. The first two celibate monasteries in Solu were built by rival brothers, each investing his newfound wealth in religion as a means of securing a higher status over the other (see Ortner 1989). Wealth became increasingly important for the acquisition of both social status and religious merit. Sherpas came increasingly into contact with religious systems that were centred on a powerful, fairly specialised and inaccessible religious elite.
In the Khumbu, celibate monasticism was introduced formally in 1923 by Lama Gulu, a member of a wealthy Khumjung family, later recognised by the abbot of Rongbuk monastery as a reincarnation of the father of Lama Sanga Dorje. The gonda at Tengboche, built by Lama Gulu, was the first celibate monastery in the Khumbu. Increased trade with Tibet in the 1950's, and the influx of thousands of Tibetan refugees (including many monks) following annexation of that country by China in 1959 further strengthened the influence of celibate monasticism.

While still Nyingma, the new monasteries placed increasing emphasis on dulwa (vinaya) and do (sutra) vis-a-vis the more active gyud (tantra) of the ngapa and banzin; on the 'high', more passive, abstract and remote orthodox deities such as Pawa Cherenzi vis-a-vis the more familiar and active tantric Guru Rimpoche and local sungma (protector deities) such as tsen and gombu; and on transcendent, other-worldly pursuits (by means of ascetic individualistic practices) vis-a-vis the worldly concerns of illness, material prosperity and social conflict dealt with by banzin and lhawa-minung. Text-based rituals became increasingly important, and these texts were controlled by the monasteries. The role of women in formal religion became increasingly marginalised and less active. Traditional Sherpa rituals such as the somu, performed by banzin, became less popular, and even the lhochetu (seasonal worship of the gods) lost a degree of community support. As the status of the monks and reincarnate lamas rose, the status of the banzin and lhawa-minung declined, and wealth became increasingly important for mobilising spiritual assistance but could not, in itself, guarantee such assistance. A marked cleavage developed between the religious and secular domains, despite their functional interdependence. The laity became increasingly removed from spiritual affairs and increasingly dependent on the monasteries for assistance with such affairs. In short, the ascendency of celibate monasticism signalled a major reduction in the opportunity for the Sherpa laity to exercise agency in spiritual matters.

By the mid 1970's the monasteries appeared to be facing something of a crisis, with only a third the number of monks previously resident at Tengboche monastery remaining active, and concern about the standard of scholarship in the monasteries being freely expressed in the community (von Furer-Haimendorf 1975:102). There were a number of cases of reincarnate abbots either leaving monasteries altogether or being admonished by their wealthy lay patrons for involving themselves in secular affairs. (Paul 1977 offers a particularly telling case of this). Interestingly enough, von Furer-Haimendorf (1975), Ortner (1978:32) and Paul (1976:141,147) all reported a corresponding decline in the status of banzin and lhawa-minung as well.
By the 1980's, however, there was a resurgence of support for the monasteries (von Furér-Haimendorf 1984). During the period of my fieldwork in 1986-87, monastery-based festivals such as bumtsos, and mani rimdu were attended in large numbers. (The 1986 bumtsos in Tengboche attracted nearly 1000 Sherpas - a third of the total population in the Khumbu). Donations to the monasteries and to individual monks were considerable. (Nearly Rs. 200,000 was collected to enable holding the 1986 bumtsos. Approximately 20% of average household income in Thame is devoted to monastery-related activities). Many new lhang (private chapels), mani stones, and kani (entrances to monasteries) were constructed. Abbots of both Tengboche and Thame gondas are becoming increasingly active in secular affairs (including village development projects, forest management, and entrepreneurial tourist-related activities.) The demand for the services of monks to perform domestic rituals, including kurim (exorcisms), is such that monks complain that they have no time to attend to their own religious pursuits. As one informant commented: "our religion will not die because we will die, and when we die, we need our religion".

It is important to note here that there is also clear evidence of continuing support for banzin and lhawa-minung as well, despite the assertions of Ortner and Paul. Funke (1969) and Frerkes (1982) in fact described these officiants and their rituals as the core of Sherpa religion. There are still, for example, 12 banzin resident in the village of Pangboche and there are a number of lhawa-minung. In a significant number of the 400 or so episodes of illness on which I collected data in the Thame valley, at least one traditional healer was utilised, and in several cases between 2 and 4 such healers were consulted (see Chapter 9).

The lack of discussion of these officiants by Ortner, Paul and von Furér-Haimendorf is thus highly puzzling (only 20 or so pages of von Furér-Haimendorf's 1964 monograph on the Sherpas deals with the control of supernaturals, even though more than half of the book is devoted to Sherpa religion). Furthermore, there is evidence of a significant degree of co-operation between the monastic elite and the banzin and lhawa-minung. The legitimation of a 'calling' by the gods (lha) to become a lhawa, and instructions as to how to manage it - either through direct empowerment (tsalam betup) or with blessings (kaku) - are provided by high lamas and tulku (see e.g. Samuel 1978:103). Lamas and shamans prescribe each other's rituals (e.g. Paul 1982:84) and sometimes work alongside each other as in the case of funerals (see e.g. Downs 1980) or they may take the place of each other (Ortner 1970). Tantric mantras are often used by shamans to give extra power to their activities (see e.g. Funke 1969) and all shamanic rituals commence with invocations to the high orthodox deities. Both exorcisms (kurim) and offering rituals
(kangsur) use a similar arrangement of dough effigies (torma) on their altars, combining torma of high orthodox deities with those of tantric and local shamanic deities.

Many lhawa-minung like to consider themselves lamas, especially as they grow older (see e.g. Paul 1984) and lamas actively seek to utilise shamanic power where appropriate (see e.g. Ortner 1978:32). Aziz (1976) and Stablein (1976) go so far as to suggest that the reincarnate lama and tantric 'vajra master' respectively may be regarded as shamans in their own right. A lay person will often employ the services of a shaman, lama and monk simultaneously, if he can afford to do so (see Chapter 9) while the 'nouveau riche' actively support and fund the monasteries (as a way of increasing their status). They also actively employ the service of lhawa-minung. On one occasion during my fieldwork, the reincarnate abbot at Thame consulted a lhawa to divine the cause of illness suffered by one of his own relatives in the Rolwaling Valley. This pattern of co-operation has been observed throughout the Tibetan Buddhist world. (See for example Schmidt (1967) on the Sherpas of the Helambu, Holinberg (1984) on the Taman, Morris (1938) on the Lepcha of Sikkim, and Nebesky-Wojkowitz (1976) on Tibetans in India.

Clearly, then, the introduction of celibate monasticism has not signalled the disappearance of the ngapa and banzin lamas and lhawa-minung. It is tempting therefore to portray Sherpa religion as heterogeneous but more or less unified (and by implication, static), and indeed this is what I sought to do in previous publications, concentrating my attention on developing a structural model of the functional interdependence between various religious officiants (see, in particular, Draper 1985). Upon closer examination however, and with the benefit of fieldwork and a historical perspective which focusses on the notion of power, such a portrayal begins to look somewhat less satisfying, if not in fact misleading. The introduction of celibate monasticism may not have destroyed the lhawa-minung, but it clearly signalled a major shift in relations of power between religious officiants, and between these and the laity. The precise nature, causes and consequences of this shift have not, I suggest, been adequately addressed in the ethnography to date. One of the principal reasons for this lies in the ongoing influence of structural functionalism within the ethnography of religion as a whole, and its failure to appreciate the significance of a power perspective.

5.3 Ethnography approaches.
The ethnography of Tibetan religion is marked by a cleavage between those who emphasise its more active shamanic and tantric ritual aspects (e.g. Waddell 1958, Hoffman 1961, Sierksma 1966) and those
who focus on the more subdued, text-based, doctrinal elements of vinaya and sutra, as expressed through the celibate monasteries in particular (e.g. Hopkins 1982, Mullins 1985). This cleavage arises, in part, from the tendency in the ethnography of religion to dichotomise between 'orthodox' and 'folk' traditions, 'Great' and 'Little' traditions, 'nibbanic' and 'kamatic' traditions and so on (e.g. Srinivas 1955, Ames 1964, Spiro 1971. Such dichotomies are founded, of course, in Tyloorean and Frazerian contrasts between magic and religion, Durkheim's opposition of the profane and the sacred, and Weber's two religions thesis: that of the Buddha and that of the supernaturals. See Draper 1985).

The cleavage also arises from the associated tendency to regard mahayana Buddhism as historically in conflict with Bon, sometimes referred to as the shamanic 'pre-Buddhist' religion of Tibet. Hoffman, for example, writes:

"The internal situation of Tibet may be said to turn on a polar reaction between a luminous, dynamic, fructifying and historical element on the one hand, and a sombre, static and fundamentally unhistorical element - the ancient Tibetan religion - on the other" (1961:14)

Similarly, Waddell refers to a:

"Lamaism only thinly and imperfectly varnished over with Buddhist symbolism, beneath which the sinister growth of poly-demonist superstition darkly appears" (1958:xi)

On both counts, however, the cleavage is a misleading one. Firstly, there is increasing recognition among scholars that Tibetan mahayana Buddhism grew out of and alongside Bon rather than in opposition to it. Bon priests remained influential long after Buddhism was introduced, often serving as advisers to the lamas and the propitiation of supernaturals remained a vitally important part of religious activity. Snellgrove, for example, writes:

"There is probably no such thing as preBuddhist Bon for, from the start, the followers of Bon were anxious to accept and re-adapt religious teachings and practices of all kinds... the development of Bon and Chos [orthodox Buddhism] were parallel processes" (1967:20,21)

Similarly, Tucci refers to the "indissoluble coexistence" of Bon and Buddhism (1980:208), and Cartier observes that "Bon shamans have become the vehicles par excellence of Buddhist philosophy" (1975:40).

Secondly, while the dichotomisation of traditions may be analytically useful for the ethnographer, it fails to represent religion as it is actually understood, experienced and lived by the laity in Tibetan Buddhist communities today, particularly those on the periphery of central Tibetan influence. Holmberg, for example, describes the interpenetration and interdependence between the lama 'lambu' (exorcist) and
'bombo' (shaman) in West Tamang religion, arguing that:

"These aspects are not conceivable as separate religions" (1980:5) "Each derives its meaning from its position within a superordinate system" (1984:2)

Similar analyses have been provided by Campbell (1978) in his study of religion in Jumla, by Fournier (1978) in the case of the Sunwar, by Pignede (1966) on the Gurungs, and Jones (1968) and Sagant (1976) on the Limbus. Peters concludes his discussion of the Tamangs by saying:

"The concepts of Great and Little Tradition are not applicable in Nepal" (1981:67)

While there is clearly increasing agreement on this issue, it is fascinating to note the absence within the ethnography of Tibetan Buddhism of any serious attempt to apply a theoretical framework informed by the notion of power and the distribution of knowledge.

The ethnography of the Sherpa religion shares this weakness. On the one hand, von Furer-Haimendorf in an early article on Sherpa religion noted the "coexistence and partial integration of two heterogeneous ritual systems" (1955:49). Later, in 1964, he wrote

"Sherpa society embraces the laity as well as the many men and women who choose the religious life, and the one part is incomplete and incomprehensible without the other... there is no cleavage between the Buddhist doctrine practised in the monasteries and the religion of the ordinary villager" (1964:26)

(Such an analysis conforms, of course, with his functionalist portrayal of egalitarianism and harmony in Sherpa society more generally). From a more structuralist point of view, Samantar observed that:

"Both the beliefs in local gods and malevolent spirits and the lamas and monasteries with their practice of the literate tradition of tantric Buddhism are essential parts of religion... It is precisely because the Sherpas believe in spirits that the lamas and monasteries have such a central place" (1978:11-12).

Similarly Paul suggests that there is no split between 'high religionists' and 'low religionists' as there is in many other Buddhist societies" (1970:500).

"Many different strains coexist in the same sect, in the same doctrine, and even in the same person" (1970:396).

Ortner, on the other hand, reacting against this structural-functionalist idealisation, stresses instead the conflict within Sherpa religion and society and draws attention in particular to the disjunction between the 'high' and the 'low'. This disjunction, in her view, parallels that within every Buddhist society between Buddhism and what she refers to as 'popular cults'... "whose content is not only different from, but often
actually contradictory to Buddhism" (1975:51). Similarly, Funke (1969) argued that lhawa-minung "have always stood in marked contrast to the prescriptions of Tibetan Buddhism" (1969:221). Theravadin Buddhism, according to Ortner (1978), in fact allows a closer interdependence between religion and society than does Sherpa religion.

In her recent study of change in Sherpa religion (1989) Ortner moves closer to achieving her stated objective of applying a 'theory of practice' to Sherpa religion. Nevertheless she continues to focus her attention on what she herself calls 'high religion', rarely venturing into the realm of the lhawa-minung and what the laity might think and do in relation to them. Her analysis remains preoccupied with the construction of meaning and the internal logic of beliefs and practices, neglecting their variation and distribution and the link between this variation and the control of knowledge and discourse.

5.4 "Lama knows": lessons from fieldwork.

"Some mikaru [Westerners] say that mani rimdu [a Sherpa festival] is about this and some say it is about that. Some travel thousands of miles to come and see it. But when they come they only see the dancing. They don't come into the kitchen... How then can they understand what mani rimdu is? Even we don't know. But lama knows".

- a Sherpa friend.

A few months after I had started my fieldwork, around the time when I knew I had it all worked out, I was invited into the kitchen. Up to that point I'd only ever seen the dancing. But there was something about drinking chang with the dancers with their masks off that felt very unsettling - or rather which made me want to hide my Masters thesis in a deep hole. It was not so much that I felt that I had been 'wrong' in my interpretations - just that they were irrelevant. Certainly, my new Sherpa friends didn't appear to find them particularly fascinating, if they understood them at all. So often their response to my questions was simply a smile and the advice: "Go ask the lama. Lama knows". When I went to the lama, however, he often did not appear to know (or perhaps, as I began to realise later, I was unable to recognise that he knew). Often the answers did not appear to match the questions, or appeared to contradict previous answers. Sometimes I detected annoyance, at other times pity. What could this mean?

Was I missing something? Was I not talking to the right people? How could the lama not understand my concerns about the infinite reification of voidness through structural opposition if he was so enlightened?
Other ethnographers apparently had also experienced some of these problems. Paul, for example, commented that:

"One unexpected problem I ran into in trying to collect data of explicit religious symbolism was the constant practice of lamas whom I interviewed to assure me that the details were of no importance, that all concrete symbols such as specific conceptions of individual gods etc. were only ways of approaching the Truth" (1970:278).

Similarly, Ortner (1978:267) noted how virtually no Solu Sherpas - lay or lama/monk - were able (or prepared?) to discuss Buddhist notions of voidness. And Snellgrove (1957) noted that few lamas were able to explain to him why particular deities are involved on some occasions but not on others. Paul (1970:79) even suggests that religious doctrine is more important to the layperson because it cannot be understood. Jerstad (1969) also noted this in relation to the laity's apparent indifference to their lack of understanding of mani rimdu.

When I first arrived in the Khumbu and made known my desire to learn about lhawa-minung, I was advised by many friends (including one lhawa) to focus my studies on the lamas (and amji) if I wanted to learn anything of value (and wanted the support of the community.) On the other hand, a reincarnate abbot once said to me that the 'how' of religion is more important than the 'why'; that I should be careful of discussing religion with the monks because only trouble comes from monks who engage in theological debates with mikaru (Westerners). Such debates are, he said, just "idle, low gossip". (There is a Sherpa proverb: tamnye sirup ti lunggi zokpayinza - "idle, low talk is like a feather in the wind"). Indeed, too much thinking about religion is, he said, an important cause of sickness and conflict.

Moreover, it is a common view among Sherpas that mikaru inevitably get it wrong. Considerable pressure was applied on me to write down the answers 'correctly' i.e. in accordance with the (Tibetan) texts (in the possession of the Lamas). For the same reason, my first, tentative inquiries about religion to one well-respected Lama resulted not in answers but in the gift of a tango (rosary) and the teaching of the Zhembiyang rigpa (mantra), and the instruction to go away and worship lhahendup the gods rather than try to understand them; to practise before thinking. Said the Lama:

"You cannot understand cho [religion] by talking about it. Tomorrow it will be different. If you sit somewhere else it will be different. If you drink chang it will be different. If you stop talking
and start saying the *rigpa* [knowledge/mantra] it will be different*.

(The same Lama used to bewail my impatience for getting new information, likening me to a demon with a distended stomach and tiny mouth, and consequently always hungry). Clearly, there was something about my pursuit of religious knowledge which did not "fit" very well with that of the lamas-monks, and which made me seem a little strange to the laity. Now it is not that Sherpas do not think that religious doctrine is important, but rather that they do not see the importance of elaborate theological interpretation and argument, preferring to maintain a direct link between the words themselves, their textual vehicles, the 'truth', and spiritual power. As one informant commented: "the only thing we don't fight about in the Khumbu is religion, because this comes directly from the gods". The various theological arguments, then, which are glossed so readily as 'Tibetan Buddhism' in the literature - and in Lhasa - are, I suggest, quite foreign to most Sherpas: not because they are considered 'wrong' but rather because they are not familiar. Their 'truth' or otherwise is simply not an issue for most lay Sherpas, partly because they have precious little knowledge on which to base such judgments.

And this, of course, is the whole point, for it speaks either of significant inequalities in the distribution of knowledge and discourse within Sherpa society (and, by extension, the whole Tibetan Buddhist world), or of radical differences in the form and content of such knowledge and discourse, or both. Such issues cannot be treated as merely interesting political epiphenomena to studies of religion but rather must become a central focus of attention. We must, I suggest, remain very wary of analyses which fail to explore such differences and inequalities, which reflect the relatively static and often reductionist intellectualisations and interests of indigenous professors of theology, the orthodox ruling elite, or our own academic disciplines and colleagues, rather than the complex, sometimes apparently contradictory, and often changing views of the community as a whole. Coomaraswamy (1971) once wrote that:

"A faithful account of Hinduism might well be given in the form of a categorical denial of most of the statements that have been made about it" (1971:3).

There is room, I suspect, for this sort of cynicism in the study of Sherpa religion as well.

A good starting point here is the widely accepted view that Sherpa religion has produced a harmonious, egalitarian society founded firmly on Buddhist principles of compassion and co-operation. As my fieldwork progressed, and I became increasingly part of the all-important network of relations of hospitality and exchange, I became increasingly aware of the pervasiveness of conflicts - both overt and more subtle and suppressed - within and between villages, within and between monasteries, and even between villages
and monasteries. This should hardly have been a surprise, of course, for Sherpas are as human as the rest of us. Ortner (1978) had observed that:

"Just as the absence of political and economic power structure does not mean that a Sherpa community is egalitarian, so the absence of systematic dispute-settling mechanisms does not mean that a Sherpa community is at all times peaceful and harmonious. While many disputes occur over real material resources, others are often expressions of status rivalry that seize upon some material factor as an excuse for an argument. The Sherpas recognise and lament the fact that envy over wealth differences is rife in the community, and status competition and rivalry chronic" (1978:77).

My initial direct questioning about conflicts had produced blank looks, but after several months I discovered that minute details of conflicts would readily be offered in the course of conversations over a glass (or five) of chang.

Although wealth differences are not necessarily displayed in terms of differences in standards of living, they are nevertheless fundamental to differences in social status, political power, the ability to throw lavish status-raising parties, the ability to take advantage of market opportunities and the ability to hedge against inflation. Furthermore, they are fundamental to differences in access to opportunities to accrue religious merit (sonam), for example through the sponsorship of family members as monks (one particularly wealthy family had 4 sons as monks), through direct donations to the monasteries, the construction of mani walls, the purchase of empowering religious texts and paraphernalia, the holding of lavish funerals for deceased family members, the commissioning of the more expensive (and thus, according to the Sherpas, more effective) healing rituals, or simply through being able to devote time and energy to religious, merit-producing pursuits rather than material survival. (See also Ortner 1978:112).

One of the most important demonstrations of wealth is the construction of one's own private chapel (lchang), a direct source of merit in itself, and an important opportunity for generating further merit through activities performed in the chapel. As cash takes greater hold in the economy, the significance of gifts of cash to the gonda as a source of merit has increased, relative to the more traditional forms of merit-making such as the commissioning of mani walls. Indeed, new segments of monastery-based festivals (e.g. bumiso) have been developed as a means of publicly acknowledging cash donations (and thereby encouraging them). For wealthy Tibetans and Solu Sherpas, cash donations to Khumbu gondas is one of the few avenues available for raising their status in Khumbu society.

Further evidence of the increasing significance of wealth for religious merit lies in the increasing

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importance placed on the lavish hosting by lhawa of religious festivals such as damje. One friend spent some Rs. 12,000 as a lhawa for one single festival (commenting that "being a lhawa had better be good for my merit because it is very bad for my money box"). Note, also, that while monks never beg, an obvious reason why this is so is that they do not need to. They are generally given a generous share of the family estate when they become a monk, raise further resources through fund-raising parties (see below), and are paid well (relative to lhawa-minung) for the services they perform for villagers.

In sum, wealth promises a better life and a better future rebirth (although it does not guarantee it), while the poor are destined to suffer even further because of their need to focus on material survival. While I was in the Khumbu, two widows died in pathetically poor circumstances, and I was surprised to discover that they did not receive the funerary rites so important to a favourable rebirth, simply because their children could not afford them. Of course, wealth is also somewhat problematic in that it is sometimes considered evidence of greed. (Note that this differs with Ortner's 1978 account of wealth in Solu.) Increasing wealth also implies increasingly onerous gift-exchange (larke) obligations, and sometimes wealth is blamed for the increasing consumption of chang, which is seen by some to lower the efficacy of rituals. (After one reading of the yum by ten or so monks had ended in a drunken brawl, a friend commented to me that "Sherpa culture goes down because the money and chang go up".) What is important, however, is that inequalities in wealth are more or less accepted, in part because concepts of karma (le) and hereditary luck (ngulkite) offer a powerful and legitimated explanation for differences in wealth and the ability to marshal resources and control exchanges.

Closely related to differences in wealth is the pervasive influence of differences in status, expressed (as we have seen) through rules of commensality, hospitality etiquette, seating arrangements at parties, and so on. On secular occasions, for example, the person with the highest status - often the household head - is seated nearest to the fire, and the person with lowest status is obliged to sit at the opposite end of the house, often adjacent to the altar. On religious occasions, however, the person with highest status is the highest monk or lama present, and he is seated nearest to the altar, while the lowest onlooker - often female - is seated nearest to the fire. Other participants are seated in between according to their status and the occasion. Often, high guests (including monks and lamas) will not be required to eat all of the food offered to them (which is normally necessary for lay guests as a means of conferring merit - and status - on the host) but rather will only symbolically touch the food, indicating that they - like the high gods - have no need of (or desire for) vast amounts of food.
The important division in Khumbu society between those from the 'original' Sherpa clans, immigrants (including "khamba"), and the various classes of outcaste groups (including the yemba), is sometimes explained in terms of karma and luck, and is expressed in part in differences in opportunity to participate fully in religious festivals. Outcaste groups in particular are debarred from drinking from the same cup as original Sherpa clan members (a significant handicap, given the importance of sharing the same cup for the maintenance of exchange relations), and are debarred from attaining lama status. Note that the status of mikaru (Westerners) is problematic. One friend explained that the Sherpas are 'high' like lha (gods), living spiritual lives in the mountains but remaining poor as a result, while mikaru are 'low', like lu (serpent deities), living more materialistic lives down in the valleys but enjoying wealth as a result. Note also that monolinguals (e.g. Australians who speak only English) are considered by some to be lower than bilinguals i.e. those who, like the Sherpas, have a high language (their own) and access to a lower language. The division of the cosmos, physical environment, social world and so on into relative degrees of 'highness' and 'lowness' is, as we have seen, pervasive in Sherpa thinking, discourse, and behaviour. This is particularly the case in religious matters, and both the degree and rigidity of this division appear to be increasing as the monasteries exercise greater and greater control over such matters. One of the most important bases for classification of religious rituals, for example, is between the higher, more elaborate gyewa class of rituals, and the lower, simpler (and less expensive and less efficacious) doa class of rituals. Note that a single ritual may be either gyewa or doa, according to its context. A yum for example, is gyewa relative to a dodzong, but it is doa relative to a full reading of the kenggyur. (The yum is commissioned by individual families on an as-needed basis, like the dodzong, but involves more emphasis on recitation of texts - and higher texts - by higher monks, while the kenggyur (which is also the name for the highest text) is a regular, community-wide ritual performed in the monastery itself.) Note also here that the gyepshi kurim discussed by Ortner (1978) is a gyewa ritual, while its counterpart, the dodzong, is a doa ritual.

High-low differentiation is also clearly evident among the various religious practitioners and healers, and is fundamentally important to their role and relations with each other (see Chapter 8). The lhawa, for example, is considered more powerful than the minung, for the latter can only point to and interpret a cause, while the former - through possession (lhabeu) - 'becomes' the cause. The art of lhabeu is monopolised by the lhawa. There is no concept (or evidence) of lay possession (for example as a means of expressing grievances) and certainly no evidence of possession serving as an 'oblique aggressive
strategy', a response to deprivation, or an expression of gender inequalities. (c.f. Lewis 1971).

The qualified monk, however, enjoys higher status than either minung or lhawa insofar as his spiritual power (ong) comes from a higher source than the nga of the lhawa-minung; insofar as he can reject a calling; he is led in his rituals by more sacred and powerful texts (and thus his rituals are beyond challenge), and he controls the highly significant funerary rituals (and thus the process of rebirth). One neighbour commented to me that she hoped her sick father-in-law would die before the monks left for a festival in a nearby village because, without monks, a proper funeral would be impossible. As she said, "monks are like money - there's never enough". (To which another neighbour replied: "that's because monks eat money, and money eats monks". There is considerable disdain in Thame for the monks of other, more wealthy villages who are "too busy with business and going overseas" to serve their communities, resulting in these communities calling, instead, on the already-overworked Thame monks).

Furthermore, the qualified monk is considered capable of performing all rituals performed by the lhawa-minung (although he will seldom do so, because they are considered 'low' and polluting). At the dumje festival, which is not held at the gonda, the Rimpoché must ceremoniously "come down" from the gonda in order to officiate at the rituals, and the festival ends when he ceremoniously goes back up to the gonda. All tantric and shamanic rituals commence with invocations to the high orthodox deities, and affirm their ultimate supremacy. All lhawa-minung have religious altars in their homes, in which there are pictures of the Dalai Lama and other high lamas of the Gelugpa sect. The time, wealth, and energy spent on orthodox ritual activity (e.g. the preparation of tormas) is considerable, and the orthodox ritual calendar is a full one. There is a text for every orthodox ritual. The hereditary banzin Lama can acquire ong through training and tsam (retreats) but the tulku is ong, embodied. The Sherpas respect the power of a possessed lhawa but they literally worship the tulku. As a reincarnate, the tulku is all-knowing and all-compassionate, and thus cannot be criticised from either religious or social grounds. Thus, for example, while a lhawa or minung or banzin who is drunk will be openly ridiculed, a drunk high lama or monk will be tolerated politely. As a result, the banzin is now, as Paul has suggested, "an anomalous and somewhat absurd role" (1970:585).

The lhawa is perhaps even more anomalous. On the one hand the lhawa responds to the laity's fear of physical weakening and increasing vulnerability to shrendi by strengthening the body-spirit connection (while the monastic establishment regards the body as a source of ignorance and suffering). On the other
hand, the lhawa's activities are not directed by an unbreakable written code (as are those of the monks). Furthermore, their power is dependent on being possessed, and their power - because of this - is not classed as cho (religious work) and thus does not bestow sonam (merit). This contrasts significantly with the work of the monks. Lhawa themselves (and their families) often complain about the low status, dangerous nature, physical exertion and small rewards of their occupation, saying they would not practise as lhawa if they had an option. While a number of lamas could be said to be wealthy and often lend money, no lhawa-minung are in a position to do this. One minung in Thame who had been blamed for creating social tensions as a result of one of her divinations decided to risk the wrath of the gods and not practise again. Many lhawa-minung hope to divest themselves of their shamanic paraphernalia (chopa) and pursue the life of a banzin as they become elderly. (See also Paul 1984 b. One of Ortner's informants from Thame, a minung, has now become a banzin since the death of his wife - he in fact calls himself a monk). Paul (1976) notes:

"Sherpas often say you cannot trust a shaman because you never know whether what he sees when possessed are really the gods or only his imagination. But a lama chanting from a book cannot possibly make a mistake for the letters themselves contain truth" (1976:140).

There is, of course, an important hierarchy within the monastic establishment, reflecting the different status of different roles (e.g. the loben, umse, gerku, nierwa etc.) and levels of training and vows undertaken (particularly between those who have and have not been initiated into the higher gelung status). The Rimpoches, a tulku, is of course the highest member of the monastery, but the differences in status between various Rimpoches are also important and publicly demonstrated in, for example, seating arrangements at religious festivals involving a number of monasteries. The Rimpoch of Thame gonda extends his blessing to visitors with a touch of his hand to the visitor's head, while the lower (married and non-incarnate) abbot of Kyerok gonda extends his blessing with a touch of his head to the visitor's head. (His status is not sufficiently high to convey a blessing through the medium of his hand, which is low, relative to his head).

The Rimpoches's authority in religious matters matters is complete, and there are many stories about monks who have died after disobeying the Rimpoches's orders. Even thinking negative thoughts about high monks and lamas can cause a monk to become sick (e.g. kal lou). Only low monks will assist in the shetu (funerals) of low laity, or at low kurim (exorcisms), because of the likelihood of tip (pollution) through contact with low shrenedi (supernaturals). High lamas and monks, on the other hand, monopolise the shetu of high (and thus relatively pure, and wealthy/generous!) members of the community.

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Apsa (i.e. an offering of one’s ‘glass’ of chang to another as a means of establishing or cementing a close relationship) is occasionally offered to (and by) a low monk, but never to a high monk or lama, because of the potential for tip (pollution) and the affront this would imply to their higher status. Instead, such monks and lamas will be offered their own ‘glass’ (the highest available, preferably solid silver), the highest foods, the highest seats, and are spoken to in the high “respect” form of language (while ordinary Sherpa is acceptable for low monks). The higher the lama/monk from whom one receives chilap (spiritual medicines), sunga (empowered threads worn round the neck), food/drink or even casual conversation, the more powerful (and thus merit making and efficacious) this will be.

High-low differentiation is also fundamental to such diverse phenomena as cosmic realms, for example the difference between heaven (sanggye) and hell (nyela) and the division between tenglha (the abode of the gods), partsen (the abode of tsen and people) and woklu (the underground abode of the lu; different kinds of lha, lu and dui (demons); household altars (for example, the distinction between outside and inside altars) and gonda architecture (for example the lower floor versus the higher level - see Paul 1976); different kinds of offerings (for example different qualities of chang, high foods versus low foods, food versus incense, etc.); pilgrimage places (nye); cremation grounds; prayer/offering scarves (katha); sociolects and songs; occupations; life empowerment rituals (for example the distinction between outer and inner tse ong); new year rituals (losar, i.e. the distinction between the lower and later sonam or “agriculture losar” and gelu, the earlier and higher “business losar”); other lhachetu rituals and, as we shall see, exorcism rituals (kurim). The point here is simply that the high-low hierarchical structure pervades virtually every facet of both religious life as well as of social life. In fact, the function of religion is occasionally overtly explained in terms of maintaining this hierarchical structure, and thus order in the cosmos as a whole. As one informant put it, “we who live in the mountains know what is high and what is low. If we go too high we die. If the gods come too low we die. That is just the way it is”.

As time went on and exchange became more and more the theme of day-to-day life, I became increasingly conscious of the differences in the nature of exchanges between lay people on the one hand, and between the laity, healers, the monastic elite, and through them the gods and supernaturals on the other. As discussed in Chapter 3; ‘secular’ exchanges are based on relatively direct transactions of ‘identities’ (i.e. like goods for like goods) and allow a significant degree of agency (subject to the transactor having adequate ‘technical’ knowledge of values etc. and the control of adequate wealth/material and labour
resources). Spiritual exchanges by contrast are based on exchanges of 'equivalences', (e.g. the offering of food and hospitality in return for revelation of the causes of illness and misfortune, promises by demons and other supernaturals to desist from causing such things, or spiritual power from the gods to overcome them) and offer far less opportunity for agency and manipulation.

The value of such equivalences is determined not by the transactors in direct negotiation as much as by their 'brokers' i.e. healers and religious elite who control access to the supernatural realm. Often, in the case of sickness, (as we shall see), the patient will not even be present, and will be socially isolated. It soon became apparent to me that although wealth facilitated these exchanges, and perhaps increased their value, it did not guarantee them. That is, the successful manipulation of exchanges with the gods and supernaturals is determined not so much by control of material resources per se as by control of the means of production, and distribution, of knowledge concerning the relation between the material and spiritual realms.

Prior to the introduction of monasticism, this knowledge lay in the hands of the relatively accessible banzin lamas and lhawa-minung. The past, as we have seen, is considered by the Sherpas to be samen lemu (literally, 'good era'), primarily because the distance between humanity and the gods was not as great. As a result, people are said to have lived longer, healers were stronger, assistance from the gods was more immediate and more powerful, the causes of illness and misfortune were more readily observable, there was more control over the environment, less division of labour between religious specialists, and more emphasis on personal/family and clan deities and local deities. Familial and social relations were vital for both secular and spiritual exchanges and the acquisition of merit.

With the rise of celibate monasticism, however, access to spiritual knowledge and the acquisition of merit increasingly required separation from such relations. This is an important theme in Ortner's analysis of what she calls 'high religion', particularly the increasing importance of such other-wordly, renunciatory rituals (held in the gonda) as nyungne. Paul comments that:

"Whereas religious virtuosity may once have coincided with magical power or charisma...today it corresponds to obedience to a high number of moral regulations" (1976:149).

The more the laity involved themselves in worldly activities and the more profitable these activities became, the more this wealth was directed towards supporting an institution which took control of spiritual matters, thereby enabling the laity to continue to pursue worldly activities. But such activities
dispossessed them of access to spiritual knowledge and power, for, according to the monasteries, worldly activities are a source of pollution and ignorance and do not allow the time for spiritual pursuits. The monasteries could have their cake and eat it too, while for the laity, increasing agency in material exchanges gave rise to decreasing agency in spiritual exchanges.

This is not to say, of course, that worldly knowledge has no bearing on spiritual matters, but rather that the two are clearly distinguished. It is quite acceptable for example for a layman to drive a hard bargain with a monk over the sale of a yak to be used for secular purposes (in fact this is done with great finesse), but not so in the case of a resource to be used for spiritual purposes. Similarly, it is acceptable to "trick" the gods if one has to, in order to undertake a secular activity, (for example getting around the problem of having to commence a journey on an unpropitious day by packing one's bags and putting them out of one's house the day before) but one would never attempt to trick the gods in the case of a spiritual activity. The laity are even prepared to override the monasteries on certain secular matters (e.g. as occurred while I was in the Khumbu, over the issue of the control of forest resources) but would never question the monasteries on spiritual matters (and never negotiate with healers regarding methods, diagnoses etc.). Social transgressions (e.g. shamden, an endogamous sexual relationship) have quite distinct consequences from religious transgressions (e.g. lou, a sexual relationship with a monk or nun). Knowledge of apparently socially-caused illnesses such as tuk (poisoning) and pang (a form of post-natal depression arising from inadequate care from one's husband during pregnancy) as well as diet-related illnesses such as tiuwa and poken (both digestive conditions) is far more elaborate and uniform than knowledge of alleged supernaturally-caused illnesses such as tak kiup (i.e. sudden and unexplained vomiting of blood) and zakin (a form of epilepsy).

The control of spiritual exchanges by the religious elite does not imply, either, that the laity have no knowledge of spiritual matters. I was amazed, for example, how even young children appear to know the general sequence of so many different rituals. But this kind of technical or factual religious knowledge should not be confused with the ability - and/or the right - to generate and communicate interpretive knowledge. Few Sherpas understand, or will discuss, such notions as voidness, or mindfulness, or the contingency of reality. No lay Sherpa in Thame was aware, for example, that Tulshig Rimpoche (in Tubten Choling monastery in Solu) is the tulkhu of the Tibetan monk who assassinated the evil King Glangdarma through the use of illusion (and is thus, literally, the 'destroyer of illusion' and master of mani rimdu). A number of Sherpas had not, apparently, even heard of Dudjom Rimpoche and Khentse
Rinpoche, the reincarnate heads of the Nyingma lineage. When Buddha's birthday passed unnoticed, the response by a lay friend to my query about this was, "which Buddha?" When I said Gautama Buddha, he replied: "That's Nepali".

There is much variation among Sherpas concerning the concept of the soul. Some Sherpas speak only of *sem* (a somewhat generic term for the existential state that transcends life and death) while others speak more of *lāa* (more akin to 'spirit' and part of day-to-day, this-worldly existence). The loss of *lāa* (for example when frightened) may lead to sickness, but the loss of *sem* leads to death. There is also much variation as to the perceived nature of *tse* (life-force) and *shrok* (the susceptibility to negative influences and/or 'bad luck'), *kham* (one's personal configuration of the major elements - earth, wind, fire etc. - that gives rise to one's personality and which thus affects one's relationships with others) and *she* (the soul's state of existence after death, where *tse* has been cut short). If one dies at night, some say that one's *tse* will be gone, but if one dies during the day, one's *shrok* will be gone but one's *tse* may still be present (implying a remote possibility of a return to life, and thus requiring that a cremation be delayed until death is assured). *Nasam* (mind) is also sometimes referred to in discussions about the soul but is usually regarded as present only when one is alive. (*Nasam* is also sometimes referred to as *noksem*). In fact, the whole issue of soul forces appeared to me to be unclear to most Sherpas, which is rather significant given the importance (at the level of theology) of levels of existence and death states etc. within Tibetan Buddhism more generally.

The notion of luck is also subject to a variety of interpretations. Some say that luck and karma (*le*) are the same, while others make a clear distinction between them (e.g. karma comes from one's actions in past lives, while luck comes from one's actions and other circumstances beyond one's control in this life only). There is often much overlap in discourse between various forms of luck (e.g. *suthi, temdil, kyek, thok, parcha, Tala, ngulkite*) and considerable hesitancy in discussing the precise differences between these and their implications. There is also much difference of opinion as to what constitutes *namdok* (demerits arising from transgression of religious rules), and there is much variation between Sherpa and Tibetan concepts of omens (c.f. Chophel 1983).

Similarly, there is much variation among Sherpas regarding various forms of power. For example, *ong* (which is generally regarded as a high, more generalised form of spiritual power derived from the high gods, and that which prevents misfortune and maintains cosmic order) is sometimes confused with *nga*
(a more particularised, overt and active form of power deriving from karmic actions and specialised training, and which can be used for either positive or negative purposes). Lamas are generally considered to have access to both ong and nga, but many Sherpas, as we have seen, say that lhawa-minung can have only nga. (This is one of many different reasons given for why the lhawa-minung's power decreases with age, while that of the lama increases). There is much uncertainty expressed, also, about the nature and function of other forms of power such as zung, paurche and shukche and about various forms of 'black magic' such as nyenga (a generic term for 'magic'), pem (the projection of negativity such as envy), kokpu tongup (literally, 'throwing of anger'), lhalarou (sorcery), monegyoup (love magic), and nganga ('Indian' magic). Clearly, the whole issue of supernatural forces is one about which Sherpas have a great range and variety of knowledge, and it causes a significant degree of uncertainty, if not anxiety.

As we shall see in Part B, there is considerable variation among the laity in knowledge of the supernatural causes of sickness. This uncertainty is reflected in the tendency to choose a number of different healers when sick; the variation in compliance patterns, and the variation in explanations for the lack of success of curing rituals (these range from incorrect therapy management, to failure to comply with a healer's prescriptions, to "bad" relations - known or otherwise - between a healer and patient, to the overriding significance of a person's ngulkile or luck. Virtually never is the healer blamed, for the healer is merely a vehicle for divine power. Where the healer uses texts, the texts cannot be wrong). No lay Sherpa with whom I spoke has any extensive knowledge of the Tibetan medical system and even Sherpa amji (Tibetan doctors) have little knowledge of some of its major branches such as psychiatry. (One friend remarked: "Sherpas don't know how to fix the body and we don't know anything about the mind. But we do know how to fill the body with food and chang").

Women are especially reticent about discussing religious issues and rarely take any part in rituals, even if they are the object. Women claim to have little knowledge even of childbirth, as this is an activity highly susceptible to supernatural interference. (As a result there are no traditional midwives and birthing is very much a private affair). Women are not permitted to be present when amji are collecting their medicines, and one amji commented that it was very important that texts which give details of medicines should not be shown to women, for fear of decreasing the medicines' power. Women have virtually no opportunity of being incorporated into the spiritual lineages through which spiritual knowledge is transmitted, legitimated and empowered. The significance of these lineages is increasing with monasticism, which, of course, excludes women from significant religious activity more than did the married,
village-based ngapa lama tradition. There is virtually no knowledge of the Tibetan female dakini cults, and deities and supernaturals associated with femineness (e.g. lu) tend to be accorded an increasingly low status. This gender division with respect to religion is somewhat ironic - and very significant - given the apparently high status of Sherpa women (relative to Hindu women elsewhere in Nepal) in worldly social and economic affairs.

The Sherpa laity has few of the opportunities for direct empowerment enjoyed by Tibetan Buddhists elsewhere, such as annual displays of 'high' thangka, contemporary revelations of torma, the contemporary sacralisation of objects, places and people; the contemporary production of namthar, and so on. Only monks possess such objects as nuru (an egg-shaped stone) which are believed to be a source of spiritual power. Very few of the laity (and even few monks) can explain the psychological nature and function of meditation (miwa gumbup) and few practise it in the manner known to Westerners. There are few universally known myths and legends, and the few that are known to the laity are not considered to be of great significance, perhaps because of the low status of the oral tradition in which they are transmitted. (On one occasion, after listening for several hours to a lama recounting myths, my research assistant commented: "This is all very strange. I haven't heard those things before and I cannot understand them"). If Turner (1969) is correct when he says that the production of myth is a significant expression of 'communitas', then the relative insignificance of myth in Sherpa society might suggest the dominance of 'structure'.

Relative to the oral tradition, the literate tradition of course enjoys almost unassailable authority. The Sherpa word for religion (cho) is also often used for the word 'text'. Texts have a vast variety of forms ranging from mani stones and shunga (talismans) to lungtar (prayer flags) and chilap (printed medicines), as well as the kenggyur, tenggyur, bum, domang and many other books. The spiritual power embodied in these texts is absolute, and recitations are directed towards releasing this power through the action of vocalisation, blowing, ingestion, wearing, or simply reading, rather than to communicating ideas or meaning.

For this reason, the more monks - and the "higher" the monks - one can (afford to) commission to recite texts, the more merit will accrue, not because the texts are read faster or are better understood, but because merit accrues from the reading itself of each copy of the text. Even the divinations revealed through relatively familiar texts such as the lhamu gyezu or dadu may not be entirely understood.
Nevertheless, divination through texts is considered a higher and more accurate form of divination than that through dice, rosary, rice grains, or dreams. Furthermore, textual divination by monks and lamas (sungdakshop) is higher and more accurate than that by minung (tsilhap). (One Sherpa friend - obviously familiar with Levi-Strauss's books (?) - commented to me how books, when read by monks and lamas, are transformed into spiritual power just as food is transformed into a more edible and higher form when cooked).

Many high lamas would answer my questions about religious doctrine only when able to refer to the texts, and many would demand that I record long passages from those texts, even though they were unable to interpret them. While plain, unprinted prayer flags (tar) are still fairly common, there is a strong preference for printed prayer flags (the more printing, and the more expensive, the better). One lama whom I asked about nerpa (the spirits of those who die under extraordinary circumstances and are not reborn) replied that he knew nothing about them because they are not mentioned in the texts (because - he explained - they are not found in Tibet, in part because of differences in funerary practices). Two lay Sherpas explained that they used to heal in the past, when they owned texts, but can no longer do so because they have lost their texts (in one case, in a fire, and, in the other, in a flood - such losses are considered particularly inauspicious).

One example of the significance of the text is the myth which is sometimes recounted to explain why monks are able to control the lu. The most powerful lu (tsubasta) once made Changa Dorje sick with shyo (a form of impetigo). Changa Dorje sent a garuda (shekin) to remind the lu of its promise not to harm people unnecessarily but the lu pretended not to remember the promise. The garuda then demanded that the lu sign a written promise, and this became the text lumbum. Since then, monks have been able to control the lu by reading the lumbum and thus reminding the lu of its written - and therefore binding - promise not to hurt people unnecessarily. The monk who told me this story commented that

"monks get sick less than the laity because we have texts which teach us how to stay healthy by making offerings to the gods, but the laity only use texts when they are already sick. For the same reason, Tibetans are healthier than Sherpas because they read texts all the time and not just when they are sick".

Similarly, a Tibetan conji once commented to me that

"it is better to give medicines to those who can read, because the medicines will be stronger. This is why the Tibetans are healthier and have more trust in the medicines".
Gifts of texts represent an exchange very similar to that achieved through hospitality, and are even more highly valued. One successful Sherpa entrepreneur - in moving permanently to Kathmandu - gave the entire set of 160 folios of one of the texts to his local monastery as a parting gift designed to offset the possible karmic effects of his activities and his relocation to an alien environment. The ownership of texts - almost exclusively the right of religious officiants - is fundamental to access to, and control of the power (and status) they embody. To control texts means not only to control the words in them, (which are inherently power-full) but also to control such knowledge as who should perform what kind of ritual on what days, and how, etc. A wealthy monk will have more texts and can thus perform more rituals, and will thus enjoy greater wealth and higher status, and thus have access to more texts. The laity, on the other hand - and poor or illiterate monks - are denied such opportunities. During preparations for the sahjipumba exorcism (discussed below) the problem of the unavailability of certain offerings prescribed in the text was resolved by having a high lama draw them on paper, empowering the drawings, and placing them in the pumbas (offering vases) along with other offerings. Clearly, the written word has a power - political as well as spiritual - which even our enslavement to the discourse of the text would be hard pressed to match.

It is interesting to note here that the chopā (ritual paraphernalia) of the lhawa is believed to embody power (albeit a lower and more dangerous form) in a similar way to that of the text. Possession of this chopā is essential to the control of a shamanic calling and to successful healing. In one instance, the youngest son of a deceased lhawa, in inheriting the family home, also "inherited" his father's chopā. He refused, however, to pass this on to his older brother who had inherited his father's shamanic calling, because of the pollution that lhawa bring to the family as a whole. As a result, the older brother has no way of controlling his possessions or becoming a legitimate lhawa himself. In another case, the younger brother of a famous amji has inherited his older brother's chopā including textbooks, medicines, and surgical instruments, and through their intrinsic power is now practising as an amji himself, even though he has had no formal training and has very little understanding of Tibetan medicine (see Chapter 8).

For both the laity and the religious elite then, the meaning contained in texts cannot be separated from the power of the written word itself. Indeed, one monk observed that

"[even] the words are not important. But we must have the books. If you don't have books, then at least you should have pictures of the high lamas".

(Note that such pictures are a source of merit, while pictures of deceased laypersons are believed to
anger their souls and cause misfortune). As already stated, books are read rather than understood. As one astute monk noted: "if we were supposed to understand the books, they would be written in Sherpa". But they are not. They are in Tibetan, the language of 'high' religion, and the medium of all orthodox rituals. In any case, less than a third of adult men, and considerably fewer women and children, can "read" Tibetan at all. The laity do not discuss, certainly cannot write, and rarely try to read for themselves the major religious texts which represent such a significant source of spiritual knowledge, merit and assistance.

Note here that the relative significance of a text derives from its 'high'ness, which in turn derives from its origins rather than its meaning. That is, the higher the (Tibetan) lama who wrote and empowered - or revealed - the text, the higher its status and significance. Many Sherpas say that eating the ashes of a deceased high lama (through, for example, the ingestion of chilap) is an important source of healing "because it is like eating a book". One of the better-known myths explains the higher status of lamas over lhawa-minung in terms of Guru Rimpochhe successfully tricking one of the original Bon priests into burning his texts. (Realising he had been tricked, the priest promptly ate the ashes of his texts and thus retained at least some of their knowledge and thus power, albeit through an oral tradition)

A monastic 'Tibetan' education, which is based on spiritually-empowered texts, remains popular with most Sherpas, and is certainly given greater status than the secular education received in schools. While the latter is also based on texts (and is highly valued for worldly activities), its texts are, of course, not spiritually empowered, are in a foreign language (Nepali), and are thus limited in their use to this-worldly concerns. Note that the Sherpa language itself is considered to be of low status relative to Tibetan (note that there are no texts in Sherpa), and incorporates a 'high' sociolect which must be used in conversations with high lamas and monks and on certain more formal ritual occasions. Many Sherpas - particularly women - do not fully understand (or at least use) this sociolect, and so are hindered in their communications with such personages, and in participation in such rituals. As for ordinary Sherpa? Well, said one friend, "if you can't understand it, the gods certainly can't".(!)

In addition to the high sociolect used by high lamas and monks, the lhawa-minung have a 'language' or code of their own when summoning and communicating with their tutelary deities and other supernaturals. This 'code' is taught to them directly by the gods during a calling, and cannot be taught or explained to the laity. (This of course provides another important means of control over access to the profession
and to healing knowledge). There is some value, as I shall demonstrate below (Chapter 10), in distinguishing between the different languages of the various religious practitioners and language of the laity in terms of a distinction between 'elaborated' and 'restricted' codes, along the lines proposed by Bernstein (1971).

Any attempts by the laity to "produce" new spiritual knowledge (and I recorded no such cases) are said to be punishable by social isolation and religious condemnation, and are considered to be the source of significant misfortune, both in this life and the next. (Thinking - or, rather, "too much thinking" - is a common explanation for such illnesses as shroklung, and too much thinking about religion in particular is considered a principal source of psychosis). Many religious specialists claim that spiritual knowledge - as opposed to worldly knowledge - is not something which they "produce" as much as express. Worldly knowledge is subjective, and thus is the source of illusion and pollution, while spiritual knowledge is absolute, inherently virtuous and powerful, and ever-present. It is revealed only when appropriate, and remains hidden from the laity only because of their worldliness, material attachments and ignorance. There are many ways to the gods, but they all go through the lama. As one Sherpa remarked: "the mountains are full of paths but they all pass by a 

There are no 'mad saint' heroes as there are in Tibet (blama smyoupa, who manifest their Buddhahood not by abstaining from sinful behaviour but rather by indulging in it, therefore rendering it meaningless - see Epstein 1977, 1978). Similarly there are no subversive healing cults or other similar vehicles for expressing opposition to the monasteries. There are no lay political groupings such as a lay gerontocracy which might challenge the authority of the religious elite. And there are no significant lay rites of passage that might create such groupings. The primary rites of passage remain birth, death and entry into a religious occupation (i.e. events that signal the transition to and from a lay status).

To sum up, the division between the religious elite and the laity - reflecting unequal access to the means of production and distribution of knowledge about the relation between the material and the spiritual realms - represents, I suggest, the primary axis of inequality in Sherpa society, from which other inequalities (wealth, gender, age, group, status, and so on) flow, and are legitimated and reproduced. Any significant change in Sherpa society - or, rather, any empowering change - will be dependent on changes in the control of knowledge and exchange, and in the relations of power that such control represents.
Foucault once wrote that:

"People know what they do; they frequently know why they do what they do; but what they don’t know is what they do does" (quoted by Ortner 1984: footnote p.157).

In the case of the Sherpas, the wider sociopolitical causes and the consequences of actions are rarely overtly explored. Ortner (1978) has argued:

"The general religious tendency is to desocialise all affective problems, to see them as matters of individual private urges having nothing to do with social relations" (1978:180).

And yet:

"[Buddhism’s] power as a psychological theory is inextricably related to its social theory: the endurance of spirit as a psychologically comforting notion is linked to a moral system in which some spirits endure (are reincarnated) in better forms (social positions) than others. In order to avail oneself of the orthodox solution to the problem of fear and death...one must also bow before the justness of unequal distribution of wealth and privilege" (1978:127).

Through ritual activity, the supremacy of the Buddhas is reaffirmed, but this also represents:

"The triumph of the 'big' people and the re-establishment of the social hierarchy. The transcendence of spirit over body, the highness of the 'big' people, and the triumph of the gods are all rendered homologous. Divine protection, personal immortality - and social inequality - are all experienced as part of the same package" (1978:127)

The religious elite achieves its separation from and power over the laity not through the use of overt force but rather through the lack of it: through the use of covert relations of knowledge-power. And this of course fits in with the absence of formal, centralised political structures more generally in Sherpa society. For the Sherpas, the exercise of overt political power - by either individuals or groups - is, as we have seen, considered to be somewhat crass, an unnecessary admission of worldly attachments. The monasteries in particular are expected to refrain from involvement in secular political and economic affairs that might compromise their religious purity.

Lukes (1974), as we have seen, has argued that the most insidious and pervasive form of power is not that exercised through force, but rather that which makes the use of force unnecessary; that which masks what doing something does; that which results in actions based on relations of power/knowledge whose sociopolitical origins and consequences are not recognised by an actor. Similarly, Bourdieu has noted that:
"Insofar as domination is as much a matter of cultural and psychological processes as of material and political ones, it operates by shaping actors' dispositions such that, in the extreme case, the agent's aspirations have the same limits as the objective conditions of which they are the product" (quoted by Ortner 1984:153).

In the Khumbu, the correspondence between actors' aspirations and relations of power/knowledge is in fact so pervasive that it makes formal, centralised political structures appear unnecessary, and perhaps even a threat.

5.5 Demons, exorcisms, and intellectualisations.

Some of these ideas can be explored further by focussing on what are perhaps the most numerous, common, and - for the lay Sherpa - the most significant religious rituals, namely kurim i.e. the exorcism of demons (duti). In many respects, demons are the raison d'être for Tibetan Buddhism, at least as it is understood and practised outside of Lhasa. The early Bon priests had achieved some success in keeping the lu and other supernaturals under control, but had more difficulty with demons, perhaps partly because their precise existential status was more problematic (see below). As a result, the Indian tantric exorcist Padmasambhava (know as 'Guru Rimpoche' to the Sherpas) was finally invited to Tibet to transmit the teachings and practices of tantric exorcism, considered to be the most efficient and effective approach to keeping the demons at bay.

Part of the secret of this approach can be found in the many myths surrounding the historical conflict between demons and lamas. In one, Guru Rimpoche was nearly out of tricks when he finally overcame a particularly recalcitrant demon by pissing on him. Another telling myth concerns a monk who was forced by a demoness to break one of his vows: to either drink a bottle of chang, or kill a goat, or fuck her. The monk chose the orthodox monastic approach rather than the tantric approach, and chose what he assumed to be the lesser evil i.e. drinking the chang. In a drunken ecstasy, however, he wound up killing the goat and fucking the demoness. Buoyed by this victory, the demoness then confronted a tantric lama with the same choice. The lama also chose the chang, but then killed the demoness and fucked the goat.

For the Sherpas, demons have always been a vital part of their lives, for it was demons who ruled the Khumbu until Guru Rimpoche passed through and drove them out, thus making the Khumbu inhabitable. But, as we have seen, demons are not a simple push-over, even for someone with Guru Rimpoche's skills,
and a large part of the function of Sherpa ngapa lamas was to continue challenging the demons through kurim taught by Guru Rimpoche. What is important is that while these lamas achieved significant success, their victory was never - and could never be - complete, for if this were to occur, there would not be a need for lamas.

One way of dealing with this conundrum was to render the existential status of demons somewhat problematic. That is, while it was clear that kurim could exorcise demons as objectively real entities, the notion that demons may not in fact be objectively 'real' - and, more importantly, that the laity had no way of exploring and clarifying this notion on their own - meant that the laity would remain dependent on the religious elite for dealing with it. Ma-chig-lag, a twelfth century tantric dakini, spoke of this aspect of demons:

"Listen my son, I will teach you about the nature of demons: what we call a demon is very huge and coloured all black. Whoever sees one is truly terrified and trembles from head to foot. But demons don't really exist! The truth of the matter is this: anything whatsoever which obstructs the attainment of liberation is a demon... the greatest demon of them all is belief in a self as an independent and lasting principle" (cited in Gesar 3 (1) 1975).

Clearly, however, this existential puzzle was not meant to be understood by all, and certainly could not be understood by all in the same way or to the same extent. Understanding of demons, and thus the nature and function of kurim, thus represent a significant axis of variation and inequality in Sherpa society, particularly given the perceived importance of kurim for both day-to-day concerns (healing, agricultural productivity etc) and more transcendental, other-worldly concerns.

Now, the monasteries - say the monks - are also concerned with continuing the teachings and practices of Guru Rimpoche. (If they were not, they would undoubtedly lose a significant source of their legitimacy, as well as purpose). But the monasteries have a number of further problems here. Firstly, their more textual, less accessible rituals cannot compete with those of the ngapa lamas in terms of drama and sensory stimulation. Secondly, they have real difficulty with the symbolic violence associated with the "killing" of the demons in the lamas' kurim. Thirdly, they regard a focus of intellectual effort on demons as an obstacle to a clear, enlightened mind, transcending the duality of good versus evil and so on. At the same time the monasteries are aware that they 'need' the belief in demons to persist. Their solution, it appears, has been to adopt an even more reified view of the reality of demons, and a more symbolic approach to their management.
According to Ortner (1970, 1973, 1978, 1978b) and Paul (1970, 1982) the monasteries teach a notion of demons as an inevitable (though potentially manageable) aspect of human nature. Ortner (1978) has developed this in particular in her proposition of a Structurally and functionally complementary relation between the relatively violent dodzongup kurim and the more orthodox, 'higher' gyepshi kurim. That is, through the dodzongup, the reality of demons (and thus need for assistance in subjugating them) is affirmed, while through gyepshi this is done by less violent means, simultaneously reminding those present that the demons really lie in the self and can never be wholly expelled. Indeed, beliefs in demons are projections of the 'low', ignorant, polluted side of human nature that must be subjugated through the power of the Buddhas. That is, for Ortner and Paul, exorcism is essentially a psychological phenomenon, but one which reaffirms the dependence of the laity on the religious elite.

According to Buddhist doctrine, says Ortner:

"Everyone should strive to be pure: i.e. to diminish the physical and demonic tendencies... But in lay life it is difficult to avoid experiences that exaggerate either the physical or the demonic tendencies. Hence the aim is not so much to eliminate or demolish those aspects of the self as to keep them in an integrated balance" (1978:104).

Demons are thus expelled, rather than "killed" (in much the same way as wrongdoers were, in the past, exiled rather than physically punished). As one lama explained to me:

"The main function of religion is duiTulup [literally, to keep the demons down]. Lamas and monks do this without violence because they have texts. This is a higher way. But the lhawa-minung have no texts, and therefore must use violence".

By tolerating the dodzongup (which appears to overtly "kill" the demon) the monasteries acknowledge the laity's need for a tangible, direct means of dealing with demons in a way it can understand. Yet, in so doing, it clearly identifies an opponent and sets the stage for the victory of orthodox Buddhism over the demonic aspect of human nature through the gyepshi. (Note here the undertones of Gluckman's "ritual of rebellion").

What is important here is that this view is not necessarily shared by the laity. In fact, according to Ortner:

"The religious view of the proper relationship between spirit, body and demons may be seen as just the inverse of the lay view. The lay view...involves fear of physical weakening, in turn creating the condition for departure of spirit, and hence leaving the self prey to the attacks of demons from without. From the religious view, however, spirit must be able to disassociate itself (metaphorically) from body...because the spirit is indestructible...hence in fact strengthening spirit and creating the condition for 'defeating' the demons by realising their integration with the self".
Ortner recounts how one lama justified this cleavage between religious and lay conceptions as follows:

"[The laity] are ignorant. In the book it doesn't say to do that, but they don't understand. They think the tiger is a demon and they can kill it, and it won't come back" (quoted by Ortner 1978:98).

But the Lama knows better. Demons cannot be killed by such means and thus they must keep coming back. Hence they must be regularly exorcised. The more they are exorcised, the more their existence is confirmed. The more their existence is confirmed, the more they must be exorcised. Food offerings may temporarily placate the demons, but they also make them stronger and hungrier. The supremacy of the monasteries is achieved, according to Ortner, by the idea that no layperson can totally or permanently exorcise his/her demonic self.

Now all this conforms nicely with what I have already said about the division between the religious elite and the laity, and represents a vast improvement over analyses which imply that any community holds a single, shared view of demons as either wholly objective pragmatic entities or as wholly transcendental projections of the self. But as my fieldwork progressed I became less and less satisfied with this approach, partly because it appeared to ignore the social origins and consequences of the belief in and exorcism of demons, but also because it still assumed that there was a homogeneity of understanding within the religious elite. Did all Thame monks and lamas really hold to the more intellectualised view of demonic tendencies in the human psyche? Is there really a neat cleavage between those who do and those who do not understand the 'true', deeper meaning of demons and exorcisms? What implications does this understanding or lack of it have for agency in day-to-day affairs? And for social relations and order more generally?

The Sherpas commission a vast variety of kurtim, some regular (e.g. dumji, chozin) and some spontaneous (e.g. lali, srine); some public (e.g. sabjipumba, yum), and some private (e.g. kyekur, tanak); some concerned with death (e.g. tanak) and some with life (e.g. yemgu, dodzong); some performed by high lamas and monks (e.g. maru rimdu, bumtso) and some by low banzin (e.g. tsendo). In theory, all kurtim are classified as distinct from shamanic rituals (zozung) no matter how similar they may appear, but in practice a shamanic sequence will often be referred to as a kurtim.

Within the kurtim category there are a number of possible classifications, for example between doa and
the higher and more elaborate gyewa, or between those that involve the destruction of an effigy (torma) and those that involve the more passive propitiation of evil through the provision of offerings (kangsur), purification (sang) and prostrations (shawa). Some Sherpas say that a kurim is necessary after the performance of a zojong, while some say it is not. Some Sherpas say that kurim are preventative, some say that zojong are curative, and others say that they are both. Some say that the many kinds of do exorcisms (e.g. gyaldo, tsendo and kyekur) should be commissioned only at funerals, but others regard these as 'household luck' rituals. Some explained that dumje is a big funeral for the legendary Lama Sanga Dorje while others had no knowledge of this connection, nor of the relation between dumje and the chozin rituals performed immediately afterwards at the nearby Kyerok gonda. (Note that there are considerable differences between Von Furer-Haimendorf's 1964 account of a dumji/dumje and that of Paul 1979. In Thame, the dumji is very different again).

Similarly, there is much difference of opinion as to the nature of demons. For some, they are supernatural beings readily visible to those whose luck is low, while for others they are "people who think the wrong way and get others to believe that it is the right way". On one occasion a high lama suggested that the most dangerous form of dui was the monk who misinterpreted religion. More religiously-inclined Sherpas were able to distinguish between de (a particularly low form of demon partial to devouring corpses), gyaptak (or negative 'shadow' influence), tsen (which some call the 'masters' of demons though others call them the servants) and dui (a more generic term), but many Sherpas found it difficult to separate these from dhu (spirits inhabiting rocks) and other forms of shrendi. Some say that dui are the worst of all things (if a Sherpa wants to insult someone greatly, he will sometimes call the other a tulku of a dui). Some say that 'black' lhawas are black because they are possessed by dui rather than by tutelary deities.

Some say that there is no point in fighting dui or trying to appease them with offerings, because they are so low that they are not subject to the usual rules of reciprocity, and so will only grow stronger from such attention. Others, however, say that they will grow stronger only if they are left alone and not challenged. Others, again, explained to me that demons 'cause' people to interfere in other people's karma (e.g. tuk and pem) and are 'behind' the activities of shrendi (e.g. nerpa, who cause sickness to alert the living that they are being plagued by dui). For some, this means that demons are more important than shrendi, but for others, that they are less significant. (One informant commented that differences in interpretations have increased in recent years both because of increasing contact with "new ideas from
Tibet and Nepal" and because the number of demons is increasing, in itself a reason for increasing confusion).

Responses to my questions concerning the function of kurim were just as varied. The most common was simply that "the shrendi are sent away". Others said that "it is to put the demons and shrendi in their correct place". A rising sri, for example, requires a srine to "put it back down", just as a lowered lha requires a lhachetu to raise it, and an intruding nerpa requires a tanak to remove it to the land of the dead. A few of the monks - and even some laymen - were familiar with the notion of demons as psychological projections but appeared to attach little significance to it. As one lay friend remarked: "maybe the demons do not bother them up there in the gonda, but why, then, do they spend so much time doing kurim?"

One monk referred me to the tormas (effigies) used in kurim, suggesting that: "there would not be any point in making the torma of the shrendi if the shrendi aren't real". In the do class of kurim, for example, the various tormas (done) appear to have a common, underlying form. Offerings (sane) are placed in front to attract the shrendi, followed by the flags (gyangbu) and the shrendi themselves. The changbu (pieces of dough into which the shrendi are drawn while being rubbed across the body) are placed next to the shrendi. Behind this is the trap (nankha) to ensure they do not escape, followed by the drum (nga) to send the shrendi away.

From front to rear, the shrendi is attracted, given form through acceptance of offerings, trapped within its form, and sent away. The done is eventually carried out into the night, by a peschangba (a ritually low status figure), and destroyed, to the accompaniment of shouts of victory. This basic pattern has been described by von Furer-Haimendorf (1964) and Ortner (1978). In practice however each done, and each do appears to vary considerably, depending on the audience, the officiants, and the circumstances, and few lay Sherpas were able (or prepared) to explain the underlying symbolism of the done in the way described above.

Similarly, Western interpretations of such festivals as mani rimdu as reflecting a battle between 'good' and 'evil' or even between Buddhism and Bon (see e.g. Jerstad 1969) are met with some bemusement by the Sherpas. While the dances themselves are popular (especially the Tongdencham, in which a figure
dressed as an ascetic parodies orthodox Buddhism and the monks who represent it), the significance for the laity of mani rimdu lies really in the complex offerings of hospitality that go along with the festival, including the tseong (the highest of which is inside the gonda and by invitation only). As the lawa (host) of one mani rimdu said to me:

"Because you and I have good relations you were invited into the kitchen, and I gave you chang. And you were also invited to the 'inside' tseong and Rimpoché gave you tu (holy water). That is mani rimdu. The rest is just dancing".

(Note that, at the tseong, the highest participants receive the offerings/blessing first, and there is a strict hierarchy within these offerings - the highest is a blessing with a peacock feather wand by the Rimpoché, followed by chang from a high lama, red pills from a slightly lower lama, brown pills from a senior monk, and so on). As time passed, I began to suspect that the very notion of an opposition between two rigid and distinct categories of 'good' and 'evil' - especially as a statement of 'mind' - might be a relatively recent import in Thame (as is mani rimdu itself), coinciding with the rising influence and separateness of the monasteries, but somewhat out of step with the rest of Sherpa religion.

A brief look at two kurim in particular will further illuminate these points. While in Thame, I witnessed the first performance in living memory of a sadjipumba kurim (literally, 'offerings for the earth deities'). The kurim began at the full moon (chewa chenga). The day before, many villagers preoccupied themselves with cleaning their household altars, lighting butter lamps and burning incense for the lha, taking fresh chang to the gonda, and performing prostrations and circum-ambulations around various chorten and mani stones, all the while reciting the orthodox mantra 'Aum mani padme hum'. Meanwhile, the monks busied themselves preparing the offerings.

It is fundamentally important to get the offerings right: i.e. to maintain the correct balance between high and low offerings to the appropriate lha and shrendi. Each pumba (vase) must be full with offerings (just as a glass of chang offered to a guest must be full, so as not to suggest that the hospitality offered is constrained). Each pumba must contain a number of particularly high offerings (including, in this case, hair from an elephant's beard and stone from the top of Mt.Everest! Where such offerings are not available, they can be substituted with a drawing of the appropriate offering, drawn and empowered by a high lama). If the combination of high and low offerings is not appropriate, disaster may ensue. For example, if too many beans (which are low) are placed in a pumba, these will produce an insect called dikparæza (literally, 'head of wrongdoing') which has nine horns and mouths, and will eat other offerings in the pumba (thereby making the gods angrier than if there were no offerings at all, because the pumba
is not full).

During the preparation of the offerings, there was much argument between the monks concerning the appropriate substances to be used "because this is not a normal gonda ritual and the Rimpochhe cannot tell us how to do it". One monk from a nearby Gelug monastery (the only one in the Khumbu) claimed that the Nyingma monks from Thame were not preparing the offerings correctly, and pointed to instructions from his own text to prove his point. (The same monk, however, broke one of the pumbas while filling it, causing the Thame monks to remark with amusement that the Gelugpa might claim to have more 'knowledge', but they aren't very good with the 'practice'!)

Once the offerings were ready, the public rituals themselves were performed. The officiating lama was a highly revered Lama and amji. Dipu Rimpochhe. He was assisted by a number of high monks only (to avoid tsokpa, a form of religious pollution). All rituals were performed according to the prescriptions of the relevant text, which only he possessed. The first day consisted of lengthy prostrations before the lama, presentations of kathas (offertory scarves), and a seemingly endless procession of gift-giving, first between the monks and lama, then between the monks/lama and the laity, organised according to the relative statuses of those involved, and the relative value of their gifts. (The 'highest' of these included texts). Following this was a tseong, followed by three days of recitations, during which the laity presented further gifts to the lama and received his blessings. Finally, on the seventh day, after the performance of a serkim (invocatory offering ritual, the precise function of which was not clear to those whom I asked) and a teaching by the officiating lama, the biggest pumba were ceremoniously placed at auspicious points around the village and nearby environs. The rest were then distributed among the more wealthy and important families.

Some villagers explained to me that the ritual was commissioned to subdue the demons and shrendi that had been causing illness in the village. One informant commented that

"in the past, villagers did not have the money for the offerings, so we could not do this. But in the past we did not need to do it because there was less money. Now we have money, but also more sickness, so we have to do it. Money makes religion stronger".

Other villagers said the ritual was to "keep the ground strong and quiet" and prevent the breaking of a glacial lake above the village. Others again said it was to control the weather. The Rimpochhe, on the other hand, later explained the ritual to me as engendering 'mindfulness' among villagers in the face of samen kokpu (bad era).
When I asked how such variant versions might be explained away, one friend simply shrugged and said "...what does it matter? It's all cho [religion]". When I asked about the meaning of the teaching offered at the ritual, another friend replied "...I don't know. It was in Tibetan. Even the monks don't understand. Ask the lama". When I asked about the absence of so many of the villagers, another friend explained to me:

"sabjipumba is useful only to those who understand it, or were able to give some of the offerings. Otherwise, it has not much point or significance. There was also a gyewa [funeral feast] for A.T. today in Namche. Whoever went there got two mano of rice and Rs.30".(!)

Finally, when I asked about the presence of so many young children at the ritual, the same friend replied:

"They couldn't go to Namche. But they came to this ritual to take home some tu [holy water] and rilbu [pills blessed by the lama] for their parents who did (go to Namche)."

The presence of young children, and even some goats, suggests that Sherpas do not attend kurim just to increase their awareness of the demonic side of their personality. The psychological, catharsis-type interpretation of kurim and other healing rituals offered by certain monks (and by many ethnographers) is difficult to maintain in the face of such evidence as goats being blessed, or the absence of the beneficiaries themselves!

The second kurim I want to describe briefly is the srine, whose purpose is to "send back down" the very 'low' sri that causes a family's female members to lose their firstborn children (srlangup) in circumstances similar to those surrounding the death of other family members. Unlike the relatively 'high' sabjipumba, where interpretations of the nature and function of the kurim varied considerably, there is a basic agreement among all Sherpas as to what a srine is. Yet only one lay informant knew of more than two or three kinds of sri (there are, in fact, at least seven) and there was much difference of opinion as to the cause of a sri's sudden 'rise'.

Only two high lamas and the Rimpoches are considered qualified to perform this kurim because of its "dangerous" and potentially highly polluting nature. For this reason, the Rimpoches and the more orthodox (and celibate) of the lamas are never asked to perform it ("because they would be embarrassed"). The Lama who did perform it in this instance (because of kinship obligations) was assisted by 5 monks, including one who is 'low' (who took the tormas outside). A number of women, including the beneficiary (who was some months pregnant) were present, but took no active role other than to serve as hostesses.
The *kurin* costs some Rs.500 to commission, plus the costs of the various offerings (*zecha* - all samples of 'low' substances) and the costs of food and *chamg* for the officiants and guests. At this price, it is assumed that the ritual will be effective, but it must still be performed correctly to avoid being counter-productive.

Once the offerings have been collected and the various *torma* prepared, a hole is dug outside the house, at dusk, on a site that has been previously purified, and adjacent to a rock whose *dhu* has been placated. After several rounds of *chamg* for all men present, the recitation of the appropriate text begins, interrupted occasionally by refills of *chamg* and discussions about who will sleep with whom after the ritual has ended. Around midnight, the lama puts on his papier mache 'black hat' of the Tibetan *ngapa* tradition and attempts to put on his multicoloured cloak. Finding it no longer fits him, he suggests that maybe he is the pregnant one! All males present are daubed with a black soot mixture to keep the *sri* and other *shrendi* from harming them/us. Then, to the accompaniment of crashing cymbals and loud horns, and more refills of *chamg*, the lama throws the various offerings into the *lokpar*, (a 'low' and "ugly" *torma* built on a tripod, which serves as the "jail" for the *sri* - see also Morns 1938, Nebesky-Wojkowitz 1956, von Furer-Haimendorf 1964, Paul 1979). A black calico bag containing a yak's horn filled with black sand, blood, and other offerings is then pierced with small wooden arrows and all men present place a wax mark on it as witness to the *sri*'s incarceration (See also Stem 1972, Beyer 1973). During this rather dramatic event, the lama farts loudly, commenting that if the offerings do not satisfy the *sri*, his farts will! (it is difficult to argue that the creation of a serious spiritual ambience - with psychological impact - is particularly important in Sherpa rituals). The *lokpar*, black calico bag and other low *torma* are then taken to the hole outside. After more recitations, *chamg, serkim*, and *cham* (dances), the *tormas* are ceremoniously thrown into the hole with redhot coals, and three stones, and quickly covered up with earth. Dinner, more *chamg*, and the presentation of gifts and fees follows just as dawn approaches.

One of my particular concerns in this *kurin* was to explore the nature and function of the various *torma*. There was common agreement that different kinds of *torma* were for different gods, but beyond this, interpretations varied considerably. The officiating lama explained to me on one occasion that the *torma* were the gods. On another occasion, however, he explained that the *kinggar* (the highest *torma* on the altar) represented the household head with the lower *tormas* being his wife and children, and the *lokpar* the *sri* that was bothering them. On another occasion again, he referred to the *tormas* as the "houses" of the gods, some more ostentatious than others because of differences in the worldliness of the gods.
These houses were necessary for the gods to be given form through the ritual. On a later occasion, a different lama explained to me that the kinggur is like the Rimpoche, while the sungma (the lower torma) are like the monks. Similarly, the kinggur is like the monastery, and the sungma is like the village.

The lay members present at the ritual, however, were more inclined to see the different torma as representing different foods for the different gods just as one serves different foods to human guests of different statuses. (The lama rejected this, however, reminding me that the high gods are not hungry and therefore cannot be tempted with food). A similar theme was that the torma represented human bodies, offered to the gods as a form of worship and to get the gods to live in us. One of the more interesting (and probably less traditional) interpretations was that the torma was the cassette player and the god the cassette. (The officiating lama promised to show me - but only after I brought him a cassette player - the text in which details of each torma were recorded). The point here is simply that there are multiple interpretations of religious ritual and symbols according to the context and the person asked (and the person doing the asking). It would be inaccurate - and, more importantly, missing the whole point - if one were to provide only one of these interpretations as somehow definitive or representative. Not only do multiple interpretations tell us more about the ritual itself, they also tell us much about relations of power more generally, and the importance of control of knowledge in establishing and maintaining these relations.

5.6 Concluding remarks.

This discussion of Sherpa religion has introduced some themes which will be developed further in the discussion on sickness and healing. Firstly, the idiom of exchange is obviously pervasive in all religious rituals. Just as one is bound to reciprocate the hospitality, gifts, labour and so on, offered by a fellow Sherpa (as long as it is offered in the correct manner), so too are the gods expected to reciprocate offerings through assistance with healing and so on (again, as long as they are offered in the correct manner, the knowledge of which is controlled by the religious elite). Exchange provides the opportunity for agency, but it also ensures the reproduction of structure.

Secondly, agency in secular activity is encompassed by, and serves to reproduce hierarchy and structure in the spiritual realm. While wealth (and status) is a necessary condition for securing spiritual assistance, it is not a sufficient condition. And the control of spiritual knowledge plays a fundamentally important
role in restricting the laity's field of agency in regard to exchanges in the secular realm.

Thirdly, the differentiation between high and low is clearly fundamental, for both the laity and the religious elite. This differentiation corresponds structurally with that between interpretive spiritual knowledge and more operational, technical, worldly knowledge; between the realm of the gods and that of humans; between the religious elite and the laity, and, by extension, between the wealthy and the poor, males and females, those with high status and those with low, and so on. The relationship between healers and patients, not surprisingly, also conforms with this underlying hierarchical organising structure, as we shall see. It is vital that the analyst pays careful attention to separating out the intellectualisations of articulate, privileged informants from those of the less articulate and privileged. And from his/her own.

Finally, it is clear that the structure of hierarchy has a significant, integrative influence on religious ideas and practices. This is certainly not to say that Sherpa religion comprises a homogenous, static system, equally accessible to all, but nor does it consist of independent, competing traditions, either. The point is that the control by the religious elite of spiritual knowledge is perhaps the single most important element in integrating the various ideas, practices and practitioners, and effectively depoliticises and masks the inequalities and cleavages which the structure of hierarchy encompasses. A power-centred approach to the study of Sherpa religion - which focusses on the control of knowledge and discourse in day-to-day life, rather than on the structural relations between traditions or the meaning of symbols - is, I suggest, of vital importance.

Before concluding, I would like to turn to the question of what relevance a study of Sherpa religion might have for the study of Tibetan Buddhism more generally. Tibetan Buddhism as a whole allows, I suggest, more flexibility and agency with regard to relations and exchanges between humanity and the gods (and between the laity and the religious elite) than does the Theravadin Buddhism of many S.E. Asian societies (and Theravadin Buddhism allows more flexibility and agency than does Hinduism. This is clearly one of the major historical imperatives for the development of Buddhism out of Hinduism, and the rise of the mahayana vehicle within Buddhism). Material, secular, this-worldly pursuits are indeed fundamental to both the raison d'etre and the material support of the religious elite within Tibetan Buddhism. And the relationship between humanity and the gods (and between the laity and the religious elite) is thus closer and more mutually affirming than it is within Theravadin Buddhism. In this sense it is useful and valid to distinguish Tibetan Buddhism as a whole from Theravadin Buddhism.
Yet this very proximity between humanity and the gods within Tibetan Buddhism and the opportunity for at least a degree of agency, makes the relationship between humanity and the gods somewhat problematic, and a potential threat to the authority of the religious elite. In Central Tibet this has resulted in the reaffirmation of the authority of the orthodox celibate monastic establishment (here represented by the Gelugpa sect) at the expense of Bon and other monastic sects. This has been achieved in part through the control of spiritual knowledge and discourse, and resulted in control by the monasteries of politics and even economics.

Now, there is considerable evidence that a similar process is occurring today in the Khumbu. What is important to remember, however, is that this process is a relatively recent phenomenon, coinciding with economic and political forces (e.g. the introduction of the potato, the growing influence of the Nepali State, the rise of tourism, etc.) that are very different from those faced in Central Tibet. Furthermore, the process is far from complete. Lhawa-minung (and even some banzin lamas) are still very active in the Khumbu, and there remains a deep scepticism of involvement by the religious elite in overt political activity. What, then, does this imply in terms of the relationship between Sherpa religion and Tibetan Buddhism? Can the two be regarded as one and the same? Or are the differences sufficient to posit the existence of two or more distinct religious systems within the area of Tibetan Buddhist influence?

Snellgrove (1957:216), von Furer-Haimendorf (1964), Paul (1970, 1982), Samuel (1978) and even Funke (1969) have all stressed at different times (and in different ways) the correspondence between Sherpa and Tibetan Buddhism, and draw freely from the one to explore the other. This is particularly true for the description of religious rituals (note especially Paul, 1982). There is no doubt that the influence of Central Tibetan religious ideas and practices has increased since the introduction of monasticism and, in particular, since the influx of Tibetan refugees (many of whom were monks and nuns) since the 1950's. In the Khumbu, one gondo is inhabited wholly by Tibetans, there is a growing trade in texts and religious objects from Tibet, and there are many signs of growing familiarity with, and allegiance to, the Gelugpa sect. (Pilgrimages to Lhasa, and to Dorje Den for initiations performed by the Dalai Lama are considered to be one of the most desirable and effective ways for the wealthy to spend their money). While I was in the Khumbu, I attended a number of 'new', monastery-based rituals with clear origins in Tibet, such as the bumtso referred to above, and on one occasion the Tibetan community put on a performance of the mane (a cham based on the Gesar epic - the cham was funded by the Sherpa pradhān pancha, and was
well attended by the Sherpas).

And yet there are also some fundamental differences in the way in which religion developed in the Khumbu compared to Lhasa. In fact it has been argued that societies on the periphery of the Tibetan Buddhist world are more representative of that world than is Lhasa (Samuel, 1982:216), partly because of the power vacuum created by concentration of power in Lhasa.

Similarly, Aziz (1978) in her study of the people of nearby D'ing-ri (with whom Sherpas maintain trading and religious links), suggests that the differences between D'ing-ri and central Tibet are more significant than the similarities. Moreover, as I have tried to show in this chapter, any assumption of uniformity within such societies is problematic, at best. More attention to the variation in and distribution of spiritual knowledge, and the relations of power which this reflects and reproduces - both within and between communities - will, I suggest, provide vital additional material with which to mount comparisons.

There are two further implications of my discussion which I want briefly to mention. Interestingly enough, they both bear on more theoretical ideas associated with Ortner, but their significance extends well beyond the Sherpas. The first is Ortner's allegiance to the Geertzian doctrine that religious symbols are profoundly important in providing a sense of order and solution to the 'problem of meaning' in the face of disorder and suffering, and that such symbols must therefore first be analysed as systems of meaning before their relation to social structural and psychological processes is examined. (Geertz 1965).

Asad (1983) and others have argued, however, that the central problem is not the meaning of symbols per se, but rather how (and why) certain symbols and their meanings (and not others) become established, and how (and why) they are changed. Thus Geertz' celebrated two-stage formula for the study of symbols must, it is argued, be collapsed into one.

It is somewhat ironical - though perhaps now understandable - that Ortner has focussed attention on the cleavage between the religious elite and the laity in Sherpa society without illuminating the way in which the religious elite controls the means of production and distribution of symbols and spiritual knowledge (thereby masking and thus reproducing this cleavage). She shows how the exorcism of demons - as a projection of the baser side of the self - reaffirms the ultimate supremacy of orthodox Buddhism over more pragmatic rituals (1978), yet fails to show how the very notion of demons and exorcism varies considerably, how the notion of the demonic side of the human persona is fuzzy at best.
for most lay Sherpas, and how the very inequality of access to such notions reflects and reproduces the
religious-lay cleavage at an even more profound level. Similarly, she explains the increasing remoteness
of the high gods in terms of their decreasing relevance to the laity's worldly concerns (1978b:285) yet
fails to explore their decreasing accessibility for some Sherpas (and not others); how and why this has
occurred, and its consequences. We may not know - as Ortner (1978:4) suggests - what a symbol does
until we know what it says, but we will not know, I suggest, what a symbol says until we know what
it does; until we have explored how it is produced and distributed within a community; until we know
how and why symbols do what they do without the laity being aware of it. Symbols disguise reality as
well as reveal it, but this remains hidden if we merely reproduce the intellectualisations of those who
control the symbols without examining their genesis in knowledge-power relations.

The second issue I want to raise is that of the distinction I have drawn between secular, 'natural' or
worldly knowledge (over which the laity has some control) and 'divine' or spiritual knowledge (which
is considered absolute and is controlled by the religious elite). In an influential discussion of gender,
Ortner (1974) has argued that women's subordinate social status has been achieved by relegating women
to a 'nature' category (by focussing on women's reproductive and nurturing capacities and roles) while
men have assumed a 'culture' category (i.e. responsible for the production and reproduction of ideas).
There is of course much evidence for and utility in such a contrast. Among the Sherpas, the clearest
demarcation of gender boundaries appears to be in terms of access to spiritual knowledge and power.

But the nature - culture dichotomy - as Ortner has formulated it (and the secular-spiritual dichotomy, as
I have described it) - runs the risk of reproducing that very categorisation which gave rise to the
subordination of women in the first place. This is because the dichotomy - itself a construction deriving
from male-stream anthropology - gives legitimacy to the existence of 'nature' as an objective entity or
'fact' in its own right, apprehendable independently of the socially constructed meanings derived from
and ascribed to it. Yet as the 'new physics' has shown us in the case of 'science', as contemporary
feminist anthropologists have shown us in the case of gender dichotomies, and as tantra - I think - seeks
to demonstrate in the case of such oppositions as the secular and spiritual, the noumenal and phenomenal,
and so on, no such categorisations are independent of socially constructed meanings, if only because all
such categorisations must be constructed through language, which is an inherently social phenomenon.

That is, all meanings are ultimately produced and distributed according to relations of power/knowledge.
No meaning, or knowledge, or symbol, is ‘natural’. Thus, ‘natural’ or worldly knowledge is not necessarily either more or less a social construction than ‘divine’ or spiritual knowledge, even though the two are significantly different. The failure of analytical models to recognise this may serve to mask how such oppositions may wind up legitimating and reproducing the very inequalities they are seeking to explain and overcome.

Now what this means, of course, is that the ethnographer must be particularly sensitive to the way in which the knowledge and discourse contained within his/her analyses may themselves be social constructions reflecting relations of power/knowledge in the Western academic world as much as in the community analysed. To the extent that these relations are masked, mystified, or perhaps reified through analysis, such constructions might be more accurately thought of as misconstructions. As Lobsang Lhalungpa recently commented:

"We [Tibetans] have been able to read for ourselves, always with amusement, and sometimes with concern, the degree of misrepresentation that exists in many Western accounts of our religion and culture" (1981:9).

To conclude, then, this account of the Sherpas is not really that at all. Rather, it is an account of my experience of living and talking and working with some Sherpas, at a particular time in both their history, and my own. As I reflect on that experience I am struck by the degree to which my intellectualisations have ignored this fact. And wonder whether the demons might be real, after all.
CHAPTER 6:

6.1 Critique of von Furer-Haimendorf's view of change.

"Things standing shall fall, but the moving ever shall stay"
- Basavanna

The major events affecting the Sherpas over the last 40 years or so have been the significant decrease in trade with nearby Tibetan communities as a result of the Chinese annexation of Tibet in 1959, and the resulting need for alternative economic pursuits; the subsequent influx of nearly 6,000 Tibetan refugees (including a great many monks and lamas); the increasing influence of orthodox celibate monasticism and corresponding decline in the status of the ngapa lamas and lhawa-minung; the overthrow of the isolationist Rana regime and the subsequent increase in the influence of the monarchy-based government in Kathmandu and the panchayat system; the opening up of the Khumbu to Westerners and introduction of Western medicine and education; and, perhaps most significant of all, the establishment of lucrative mountaineering, trekking, and other tourist-related industries. What is important is that the opportunities in these industries became available at just that time when they were most required: that is, when trade with Tibet had declined. Unlike the Thakalis and other high Himalayan groups dependent on trade for their survival (see, for example, Manzardo), the Sherpas were able to stay in their homeland, and even prosper (see von Furer-Haimendorf 1975).

In 1984 von Furer-Haimendorf published an account of the impact of these changes, based on over 30 years of contact with the Sherpas. In good structural-functionalist tradition he focussed attention on what he calls the "transformation" of Sherpa culture and society, from one of harmony and equilibrium (at least as he portrayed it in his 1964 monograph, The Sherpas of Nepal) to one of conflict and disintegration. He draws particular attention to what he regards as a radical reordering of socioeconomic relations and statuses brought about by tourism, and such phenomena as the sudden absence of young men from the Khumbu for extended periods. The result according to von Furer-Haimendorf has been radical changes in marriage patterns, family structures, labour patterns, settlement patterns, distribution of wealth, political structures and even fertility rates. Von Furer-Haimendorf also identifies a deterioration in traditional
Sherpa culture, and even morality (due in part to prolonged contact with Westerners and their values while on expeditions and treks). The net impact of such changes, according to von Furter-Haimendorf, was a "transformation" so profound that his earlier monograph "must now be regarded as largely outdated and of only historical interest" (1984:x).

He acknowledges a "feeling of disappointment and sadness to see this seemingly ideal society and lifestyle transformed... the Sherpas I knew in the 1950's were happier than they or their descendants are in the 1980's" (1984:xi).

Now, such a response is perhaps understandable, given von Furter-Haimendorf's unique personal experience of change in the Khumbu. In the early 1950's, when he commenced field work, the Sherpas had only just come into contact with the Western world. Von Furter-Haimendorf was clearly impressed by their generosity, compassion and cooperativeness. His book is a personal and sensitive statement of respect for such values, and a plea that they be maintained in the face of what are, without question, real and important changes.

But is von Furter-Haimendorf's account of transformation really accurate? And, perhaps just as importantly, is it helpful? In a recently published paper (Draper 1989) I presented the case for a more optimistic view of change in the Khumbu. I questioned both the "seemingly ideal" picture that von Furter-Haimendorf's functionalism gives us of Sherpas in the 1950's, and the linear, imposed and essentially negative picture he has given us of changes since then. Change is a far more ambiguous and complex force than von Furter-Haimendorf allows. Furthermore, Sherpas are not, I suggest, merely passive victims of change. Indeed, far from losing - or rejecting - their culture and identity, many Sherpas are actively engaged in reconstructing it, albeit in forms perceived to be more consistent with their new environment. A process of "consolidation" is occurring, I suggest, alongside that of "transformation"; an historically ongoing, perhaps even empowering, but in any case necessary response to the circumstances in which Sherpas find themselves today. Changes cannot be fully understood without reference to continuities, and continuity is often the complement - if not the key ingredient - to a positive experience of, and strategy for, change. It is this dialectical relationship between change and continuity, between structure and agency which lies, I suggest, at the heart of change in the Khumbu today.

Von Furter-Haimendorf accepts uncritically the view of early Sherpa history (for example Oppitz 1968) which holds that settlement of the Khumbu occurred some 400 years ago, provoked by essentially
religious motivations, with movements down to Pharak and Solu occurring only in more recent years (1984:27). My analysis of Sherpa history, however, (see Chapter 2) suggests a more active, socioeconomicly motivated pattern of settlement, with large centres of population being established in the Khumbu only in the last 150 or so years. Ortner's account (1989) of the history of the establishment of the *gondas* in Solu Khumbu also gives a greater emphasis to economic and political factors and the role of individual actors in the formation of Sherpa society and culture as we know it today.

Von Furer-Haimendorf's portrayal of a static, "seemingly ideal" and more "happy" past is highly problematic. It is true that the Sherpas regard the current age as *samten kokpu* (literally, "bad era", something akin to the Sanskrit term Kali Yuga.) This concept implies, as we have seen, a weakening and imbalance of those relations which hold the universe together, and thus a threat to order and control, but it does not imply the notion of chaos which a functionalist emphasis on order and homostasis would suggest. Moreover, *samten kokpu* is not, of course, a phenomenon of the last thirty years. Evidence of serious intrafamilial, intravillage and regional conflicts and intrigues appear frequently in oral histories, and many of the conflicts still smouldering today predate contact with the Western world in the 1950's. (Von Furer-Haimendorf does not, however, provide details of such conflicts anywhere in his publications). Informants have told me how, in the past, they would attend dumjie and other festivals armed with sticks to defend themselves. One major conflict between the people of Thame Valley and Khumjung-Kunde led to a yeti scalp and some important religious texts being stolen from the Thame *gonda* and the building of a new *gonda* in Khumjung. In a context where the establishment and maintenance of reciprocal balanced relations is the sine qua non of existence, such conflicts are very significant.

Von Furer-Haimendorf talks of the "basic homogeneity of Sherpa society... all Sherpas are considered of equal status" 1984:26). As we have seen, however, status differences (and the fundamental significance of status in ordering socioeconomic and cultural interactions), rules of commensality, the division of the universe into the "high" and the "low", gender inequalities, wealth inequalities, the disjunction between the laity and the religious elite, the progressive marginalisation of the elderly from social affairs, the prevalence of greed, jealousy and so on are all long-established facts of life in Sherpa society. They are not merely the product of changes since the 1950's. Von Furer-Haimendorf also claims that:

"the sudden affluence of successful porters brought to the fore men of a class which used to live in the shadow of the rich families of inherited wealth" (1984:65)
It is important to remember, however, that the wealthy - who, as traders, were used to lengthy absences from home - are in no way denied the opportunities available in tourism. In fact, the majority of Sherpa-controlled tourist companies are today owned and managed by Sherpas from traditionally wealthy families. Wealth, as we have seen, is perhaps more important to the achievement of status than it was in the past, but it is still not a sufficient condition.

Von Furer-Haimendorf maintains that:

"the old values of a society virtually free of competition and rivalry no longer fit an economic system which encourages individuals to consider acquisition of money their first priority" (1984:12).

Much of the trade with Tibet in the past was, as we have seen, "subsistence" trade. Yet von Furer-Haimendorf also claims that: "the whole structure of [traditional] Sherpa economics favoured the entrepreneur" (1984:65). The traditional economy is best represented, I suggest, not simply as a static, harmonious gift exchange economy, but as comprised of a dynamic, interdependent relationship between a socially motivated and hierarchically organised gift exchange economy at the centre, and a more entrepreneurial one affording opportunity for agency at the periphery. Moreover, the contemporary economy is best represented, I suggest, not as wholly determined by market forces but as comprised of the same fundamental relationship, albeit a relationship which now provides greater scope for agency (see Chapter 4).

One of von Furer-Haimendorf's more disturbing arguments is that traditional marriage patterns and family organisation have broken down as a result of the long absence of males on trekking activities. He writes that "the pattern of family life has greatly changed" (1984:35) and "engagements have become even more unstable" (1984:37). There has been "a reduction in the number of polyandrous marriages" (1984:44) but "polygyny on the other hand has become more common" (1984:44). Firstly, it is important to remember that husbands were separated from wives long before the advent of tourism. Trading expeditions often lasted longer than today's mountaineering expeditions and were often further afield. Secondly, the Sherpas themselves - at least in the Thame Valley - do not see marriage patterns as having changed significantly, and I found little evidence for a rise in polygyny. If anything, it appears that the nuclear family is perhaps more significant than it was in the past.
Von Furier-Haimendorf cites demographic data collected by Lang (1971) and Pawson et al. (1984) to assert that fertility, and thus the population of the Khumbu, (particularly of those villages not on the main tourist trails) is undergoing considerable change, and declining as a result of the absence of males (1984:83). However, my census in the Thame valley (not yet a major tourist destination) conflicts with the idea of a declining population (see Chapter 2). Fertility rates appear to be relatively high for a Himalayan community and infant mortality is on the decline.

Von Furier-Haimendorf suggests that traditional socio-cultural values are being eroded as a result of the exodus of young men to Kathmandu in search of their fortune (1984:64,68). This is the view of a number of senior Sherpas. Many of the young people I have talked with however - far from rejecting traditional Sherpa social and cultural values - are keen to reinforce them. The economic vulnerability inherent in a dependence for income on tourism and mountaineering is, as we have seen, being recognised.

At the same time, there is increasing support for the view that socio-economic reform and prosperity does not need to proceed at the expense of traditional culture and identity. Indeed there is much evidence that the maintenance of Sherpa culture in fact pleases tourists, who tend to idealise it and give it their financial as well as moral support. Fisher (1986) refers to a process of 'Sherpisation', a consolidation of Sherpa identity and culture, motivated in part by the desire to cash in on this support. (Conversely, other Sherpas have suggested to me that the very fact that tourism is so socially disruptive means that extra effort is expended to maintain traditions and avoid total socio-cultural disintegration).

Many young people (including those whose families had long ago migrated to Darjeeling) are now returning to the Khumbu, marrying and building houses there, and participating in the onerous but all-important co-operative work groups and gift-exchange networks (see Chapter 3). There is no evidence - at least in Thame - for von Furier-Haimendorf's assertion that the social and entertainment functions of such groups is gone (1984:18). Rotated village-wide hospitality responsibilities (for example lawa) and traditional community resource management responsibilities (for example naua) are also taken very seriously (the latter having been recently reintroduced with the support of the Sherpa warden of the National Park). In a survey I conducted of over 50 randomly selected Sherpas currently living and working in Kathmandu (80% of whom were under 40 years of age) 84% had returned to Khumbu at least twice over the last 5 years and nearly half returned every year. The main reasons given for these visits were visiting family and friends, participating in religious and cultural festivals, and pursuing their
responsibilities as participants in the gift exchange network. Only 9% of my sample said they did not intend to live in Solu Khumbu permanently in the future. (It might be noted here that Sherpas resident in Kathmandu appear to be less optimistic about the future of Sherpa culture than are Khumbu Sherpas. Such views may, of course, reflect - or serve to justify - long-term absences from home.)

An increasing number of Sherpas are becoming aware of the significance of the threats to their environment, from local Sherpas, as well as from tourists, and "development" projects. The disastrous Austrian-sponsored hydro electricity project in Thamo, for example, which was built without formal permission from the National Park, and without effective consultation with the local community, effectively destroyed hectares of forest before being washed away in a flood, without ever providing electricity. (Efforts I made to get Austrian-project staff to consult more with the local community were ignored). In fact, many Sherpas have commented to me that the longterm environmental impacts of development and tourism may prove to be more serious than the sociocultural impacts.

As indicated in Chapter 5, religion continues to enjoy considerable support in the Khumbu. Community-wide festivals such as Bumtso, Dumje, and Mani Rimdu are attended in large numbers. Donations to the gondas (monasteries) for their upkeep, for the performance of festivals, and for the support of individual monks are considerable. Many new lheng (private chapels) are being built and new mani stones and kani (entrances to gondas) are being constructed.

In addition to the resurgence of interest in "orthodox" monastic Buddhism however (which von Furer-Haimendorf does acknowledge), there is an important corresponding rise in interest in and use of the more pragmatic lhawa-minung (which von Furer-Haimendorf virtually ignores, and which Ortner (1970, 1978) and Paul (1970, 1976, 1977) even deny). The historical relationship of interdependence between monks, ngapa lamas, lhawa-minung and other religious functionaries persists, albeit in a modified form, as does the dialectical relationship between religious and secular activity. Certainly there is little evidence in Thame today for Paul's assertion that

"with the original idea of the sang ngak [sic] practitioner forgotten, the idea that a man can pursue both worldly interests and his own salvation has lost meaning for the Sherpas" (1970:583).

Von Furer-Haimendorf appears to accept Ortner's and Paul's assertions that the number and use of traditional Sherpa healers has declined in recent years. Ortner writes
"with the recent invigoration of Sherpa Buddhism and the Sherpas' first glimpses of Western medicine, [shamanism] seems to have gone into a rather serious decline and may finally be on its way out." (1978:32)

Similarly, Paul writes, "given a choice, Sherpa choice is definitely for textual ceremony rather than the shaman." (1976:147). However, some of the 400 or so episodes of sickness that I collected data on in the Thame valley, at least one traditional Sherpa healer was utilised, and in some cases, between 2-4 such healers were consulted (see Chapter 9). It is important to remember that, according to the Sherpas, the number of healers is determined not so much by demand as by whether individuals are "called" by the gods to the vocation. Such callings are regarded as involuntary and cannot be ignored. Fluctuations in the number of healers do not necessarily correlate, therefore, with changes in attitudes towards traditional culture. Such fluctuations appear to have occurred throughout Sherpa history.

Von Furer-Haimendorf's treatment of Sherpas resident in Kathmandu requires follow-up. He repeats the oft-cited assertion that

"The Sherpas do not have the skill to compete successfully with the Manwaris, Thakalis and Tibetans" (1984:71) ... "the lack of educational qualifications has prevented the Sherpas from attaining influential positions in government service" (1984:71-72).

I would suggest however that it is the persistence of traditional sociocultural values and the lack of political influence (due in part to the relatively small size of the Sherpa community in Kathmandu), rather than a lack of skill or education, that has resulted in the under representation of Sherpas in government service and their only modest entrepreneurial success.

While on this subject, it is important to point out that the influence of Nepalese language, culture and politics on Sherpa society is at least as important as the impact of tourists' culture. This is hardly surprising, given the degree of contact with Kathmandu, and the large number (more than 300) of Nepalese army, police, bank and national park personnel stationed in the Khumbu. The experience of government from the centre, however, has perhaps helped to forge a stronger sense of Sherpa ethnic solidarity. (Despite the economic significance of the Khumbu to Nepal, no Khumbu Sherpa has ever been elected to the national Rastriya Panchayat). The Sherpas have long recognised that significant development assistance is not likely to come from the Government. Rather it will come from tourists, aid organisations, and most important of all, from their own efforts.
While it would have been beyond the means and objectives of von Furé-Haimendorf's book to look at all the factors influencing change, some important ones have, I suggest, been ignored. I was somewhat surprised at the paucity of discussion of individual Sherpas and their role in change (e.g. the influence of pembu, individual monks, wealthy traders, employees of Hillary's Himalayan Trust etc.) Little mention was made of the impact of the national and international political economy on the Khumbu, the impact of internationally-sponsored "development" (such as the Austrian hydro project or Hillary's Hospital and schools) or even of the impact of researchers (and particularly the apparently continuous troupe of anthropologists!) Remarkably little attention was given to the role of women (e.g. their increasing role in production and distribution in the absence of men). Similarly, of course, little attention was given to the impact of changes on women, or to women's perceptions of change.

What exactly, then, does von Furé-Haimendorf mean by "transformation"? Clearly he is not referring to Levi-Strauss' (1977) use of the term to connote the translatability of a system of signs into the language of other systems with the aid of certain substitutions; nor to Turner's (1968) usage in reference to the bipolarity and multivocality of symbols, nor Polanyi's (1944) approach to economic change, nor Foucault's (1975) concern with continuities within discontinuities. What is clear is that he is concerned with how changes in and to the socioeconomic system affect individuals, rather than vice versa; with transformed structures rather than processes and agency, or the relation between the two. The result is an analysis of change that is more akin to what Firth (1959) and Barth (1967) described as "dual synchronic", rather than truly diachronic. That is, it is an attempt to make a synchronic analysis diachronic by performing a second synchronic analysis, and then extrapolating.

In the extrapolation, however, some important errors and omissions have clearly been made. In particular, power - its source, nature, legitimation, and means of reproduction - is virtually ignored. The Sherpas appear as passive victims of a sudden externally-imposed catastrophe rather than as active participants in an ongoing historical process. In underemphasising power, action, and the role of the individual, von Furé-Haimendorf fails to illuminate the all-important articulation between structure and agency, between culture and society, and therefore how the Sherpa sociocultural formation as a whole reproduces itself over time. Production and consumption are artificially polarised and the nature and impact of ongoing mechanisms of distribution and exchange are ignored. His original emphasis on communality and egalitarianism, founded on "moral" values rather than socioeconomic relations, leaves him unprepared for the individualism which he "discovers" in later years, and how the two might co-exist. The result is
a rather simplistic and not particularly helpful equation between external events, individualism, transformation, and lack of "happiness".

6.2 Towards a power-centred view of change.

Now change is not, of course, necessarily to be deplored. The fact that a community adheres to a particular form of Mahayana Buddhism currently popular (and, I suggest, largely misunderstood) in the West does not, of itself, mean that life in that community has always been ideal. In fact, many changes (e.g., the redistribution of wealth, the loosening of the control exercised by the monastic establishment in matters of legal judgment, and the provision of Western medical facilities as a further source of healing) might well be seen to be in the best interests of the majority of Sherpas. Certainly the Sherpa experience of change has been less disruptive than that of other Mahayana Buddhist communities in the Nepal Himalaya.

Secondly, change is not new to the Sherpas. Change is what led the Sherpas to the Khumbu in the first place, and a sensitivity to change is what enabled them to survive there and prosper. Thirdly, change has many forms and dimensions and these must be clearly distinguished. Change is not necessarily linear, or evolutionary, or even irreversible. And as Durkheim himself recognised, change is complementary to - perhaps even essential to - continuity (and vice versa). Taussig (1980) writes, in the context of change in Southwest Columbia, that:

"underlying the accretion of added elements and transformations, something essential in the pre-colonial structure of ideas continues, not as a mere survival or relic from the irretrievable past, but as an active force mediating history." (my emphasis). (1980:222).

What is really remarkable in the Sherpa case is not so much change per se, as the nature and degree of continuity accompanying it, the degree to which changes have taken place without any fundamental transformation in traditional discourses and relations of power; the degree to which change has signalled an efflorescence of the traditional gift-exchange system, the traditional healing system, and so on.

Finally, it is important to distinguish clearly between change that occurs as the result of the exercise of power within a community, and that exercised outside it, for an understanding of the relationship between these two sources of power is fundamental to an understanding of change in its wider context. By overemphasising external factors, von Fur er-Haimendorf is unable to illuminate the internal forces
for change (and continuity.) And by ignoring the power dimension, the wider context of these factors and forces - how they themselves have changed or remained the same over time, and why - is ignored.

The model of change which I want, then, to propose, is based on the notion of power, or rather a particular formulation of power deriving from post-modernist developments in what is often called a 'theory of practice' (see Chapter 1). Following on from Lukes (1974), Foucault (1975) and Bourdieu (1977), power is most usefully understood, I suggest, not as a property, something overtly exercised by someone over someone else through the use of force or coercion, but rather as a relation: between people, but also between people and institutions, between external events and internal imperatives and motivations, between ideas and practices, change and continuity, structure and agency. While the consequences of this relation are often clearly visible, the relation itself is not. As a result, the relation is often misunderstood, if not overlooked altogether. Furthermore, while the consequences of the relation may appear static, the relation itself is not. It both impacts on, and is impacted by the various forces at work in particular historical contexts.

Power, then, does not lie either in the hierarchical structure of relations on which Sherpa existence is founded, nor in the opportunities which individual Sherpas have to access and manipulate this structure for their own self-interests, but rather in the complex and changing relationship between both. Power does not lie either in hegemonic control exercised by an elite, or in the autonomy achieved by an individual through challenges to such control, but rather in the way in which each constrains the other. Power does not lie either in spiritual authority or worldly material activity, but rather in the complementary relationship between the two. Agency exists only in relation to structure, and vice versa. That is, agency is always constrained, yet the reproduction of structure is never perfect. Any 'transformation' of structures through agency is always balanced by an active 'consolidation' of structures, although the nature and consequences of this balance will vary according to the particular context. A community, and indeed an individual, is always at least partially the architect of its/his/her own destiny, as well as a victim of it.

The study of change must therefore pay close attention to the origins, nature, and consequences of this relationship between structure and agency, if it is to avoid the trap of, firstly, giving structures either an independent animated persona or changeless substance that they obviously do not have; and secondly, giving individuals either a free 'rational' will that they obviously cannot exercise, or a disembodied,
homeostatic passivity that is both patronising and contrary to experience. Fundamental here, I suggest, is an analysis of the nexus between power and knowledge: i.e. an analysis of the ways in which the control of that knowledge enabling manipulation of the structure of relations is maintained, and distributed within a particular community in particular historical contexts.

Let us briefly examine how this approach to change might be applied in the case of the Sherpa economy. As far as we know, the Sherpas have always been traders, and commodity exchange at the periphery (where it presented little threat to fellow Sherpas) is a long-established fact of life. Success in such exchanges required knowledge of market forces and at least a degree of agency. At the same time, generosity, hospitality and gift (and labour) exchange lies at the very heart of Sherpa economic, cultural and social organisation. Success in such exchanges required acquiescence to the structure of relations on which existence as a whole is dependent. Although the relationship between gifts and commodities and, by extension, between structure and agency is in no sense equal, or equalising, the fact of a balance of some sort remains, both in the past and in the present. Were commodity exchange to be seriously threatened (as with the cessation of trade) the entire fabric of social life would be threatened (as occurred elsewhere in the Nepal Himalaya). Yet the introduction into the Khumbu of wage labour, markets, and a greater range of commodities - though effecting a change in the balance in favour of entrepreneurship and commoditisation - has nevertheless simultaneously signalled an efflorescence of gift exchange at the centre and a reaffirmation of religious authority and the structure of relations on which this authority is founded. A commodity continues to serve as a gift (and an offering) according to the particular context of exchange, and the greater range and accessibility of commodities has simply widened the scope for such exchange. Cash and down jackets are as highly valued as more traditional gifts of woven yak wool blankets, or salt, and certainly satisfy reciprocal obligations. And monasteries have no difficulty accepting cash, donated as a means of earning merit. The notion, then, that the traditional Sherpa economy was a classic, functional (and, by implication, harmonious) gift exchange economy, and that the penetration of capitalist market forces since 1950 has resulted - in a linear, predictable, step-like fashion - in the transformation of that gift exchange economy into a "modern" market economy in which individuals choose to maximise production for self-interest, is clearly problematic. The tourism-based economy has extended the traditional economy but has not usurped it, and remains encompassed and ordered within the wider hierarchical structure of sociocultural relations.
A similar analysis can, of course, be developed for changes in Sherpa religion. That is, despite the rise in authority of the 'orthodox' monastic elite, the interdependence between this elite and other religious functionaries (and indeed with the laity) persists. The institution of monasticism has always been known to the Sherpas, despite the dominance until recently, of the ngapa (married, village-based) lamas. The Sherpa laity has always relied on a combination of these lamas and lhawa-minung to access supernatural assistance on their behalf. The introduction of celibate monasticism early this century was due to important external political and economic factors, as well as to internal social and cultural ones. For the laity it signalled an increase in the authority of the monastic religious elite, and an increasing dependence on this elite for access to supernatural assistance and spiritual truth. This was because the religious elite was able to consolidate its control of the spiritual knowledge required for such access. This was achieved, in turn, through consolidation of its control of the means of production and distribution of spiritual knowledge, particularly religious texts and 'high' ritual language. Yet this very polarisation, and increasingly hierarchical ordering, of the spiritual and secular realms, served to reaffirm the interdependence between the monastery and the village. Celibate monasticism has changed the texture and extended the field of Sherpa religion, but has by no means entirely displaced the ngapa lamas and lhawa-minung, and is by no means regarded by the laity as a threat to cosmic order. It would be clearly misleading to talk of an eclipse of a pragmatic 'folk' tradition by a new, transcendentally-oriented monastic tradition. Both strands remain intertwined within a single braid. The wider hierarchical structure of relations remains intact.

A third illustration of the utility of this approach to change is that of the traditional Sherpa healing system. (I shall be discussing this system at length in Sections 2 and 3). The introduction of allopathic medicine into the Khumbu some 20 years ago, and the rising influence of Tibetan medicine (both due to complex external political factors) gave Sherpas access to new therapeutic systems that individualised, objectified and depoliticised sickness, and took a primarily medicalised, symptom-oriented approach to healing. Nevertheless, these changes have not - contrary to the claims of ethnographers - signalled a significant longterm decline in the role or use of ngapa lamas and lhawa-minung. "Scientific" theories of causation have been successfully integrated into traditional concepts of causation. Multiple-healer consultation, traditional approaches to the management of therapy and care of the patient, and socio-spiritual determinants of efficacy remain. A dynamic balance continues between those new systems emphasising the alleviation of symptoms and the traditional concern with the management of causes and the restoration of relational order.
It is in this sense, then, that I offer "consolidation" not so much as a replacement for von Furer-Haimendorf's theme of transformation, but rather as a complement to it, and perhaps even a stimulus for it. Clearly, significant changes have occurred, but what is perhaps most remarkable - and theoretically challenging - is why things have not changed more than they have (and as they did elsewhere in the Nepal Himalaya). As Fisher has commented:

"the customary distinction between 'tradition' and 'change' is ultimately an untenable one. Rather, there is and always has been, in Sherpa society a 'tradition of change'" (1986:19).

Perhaps there is more than just a sentimental truth to Basavanna's dictum that "things standing shall fall, but the moving ever shall stay".

In his re-study of the Gahuku-Gama of Highlands P.N.G. in 1986, Read observed that:

"It is possible to see continuities beneath even the most seemingly disparate [events] and it is in this sense that the anthropologist returning to the field after more than half a lifetime possesses an inestimable advantage over those entering an entirely unfamiliar situation" (1986:xi).

Furthermore:

"My regard for the Gahuku-Gama does not include a total acceptance of every aspect of the life I observed in that now-frozen segment of time, and I am reassured that most of those whose lives were not arrested in that period do not look back on it as a golden age" (1986:x).

The Gahuku-Gama are not the Sherpas, but the lesson is the same. There is no point in casting wistful eyes on some "happier" past. There is no way of going back, and nothing positive will be achieved by trying. Yet to acknowledge the imperfections of the past, and to be optimistic about the potential benefits of change for the future, does not, in my opinion, detract from the essential beauty of Sherpa culture and society. There is both room for, and benefit in, optimism. The Sherpas continue to construct and reconstruct their own cultural, social, economic and political reality, and to interact with the world outside on terms that they can at least influence, if not control. Their underlying pride, and confidence in their culture and identity, will serve them well as they face the problems of the future.
PART B:
DESCRIPTION: SICKNESS AND HEALING IN SHERPA SOCIETY.
CHAPTER 7

SICKNESS.

The fundamental importance of the control of knowledge for social control more generally is demonstrated as clearly as anywhere in the area of sickness and healing. This is the focus for Part B of this thesis.

In this chapter I provide some background on the general health status of the Sherpas, based on the data and perceptions of staff at the Kunde Hospital, as well as other biomedical surveys and reports. I then look at sickness from the perspective of the Sherpas themselves, exploring the variations in basic concepts and classifications of sickness, and the importance of dealing with causes first in the management of sickness. I then offer more detailed examination of some of the conditions which the Sherpas themselves consider important, and which arose frequently during my research.

7.1 The health status of the Sherpas: a biomedical and epidemiological perspective.

Preliminary health surveys carried out in the 1960s revealed a complex health situation in the Khumbu. On the one hand there appeared to be a high incidence of such conditions as iodine deficiency disorders (including cretinism and deaf mutism as well as goitre - McKinnon 1967, Ibbertson 1969), pulmonary T.B. (Lang and Lang 1971), upper and lower respiratory tract infections including influenzza and pneumonia, gastro-intestinal conditions including peptic ulcers (Sylvester 1974, Evans 1969, Lang and Lang 1971), skin disorders including scabies, eye disorders including conjunctivitis, mumps, chickenpox, smallpox (McKinnon 1968) and otitis media. Infant mortality rates of 158/1,000 live births (including 47 stillbirth and 51 neonatal deaths) were recorded (Lang and Lang 1971) and, although no figures are available, maternal mortality also appears to have been high. This is particularly significant given that the CFR (completed fertility ratio) is a low 4.5 as compared to 7.5 among Sherpas at lower altitudes (Gupta 1980).

On the other hand, early surveys reported that there appeared to be few cases of malnutrition (the Sherpas do not have a specific term for this condition), cardio-vascular diseases, dysentery, hypertension, or cancers, and almost no cases of typhoid, cholera, rubella, diphtheria, hepatitis, rabies or other conditions common to lowland Nepal (Worth and Shah 1969). Average life expectancy was estimated to be
significantly higher than for the country as a whole (Worth and Shah 1969). The conclusion reached was that the health status of the Sherpas as a whole was fairly good, relative to that of populations in other remote rural areas in Nepal (Wake 1976) though fairly poor relative to that of urban populations.

Insect and parasite vectors appear to exercise less impact than in many other parts of Nepal, perhaps because of the high altitude and the relative lack of domestic animals. Hygiene is poor, food is often left uncovered, plates and utensils are seldom washed, and there are no latrines or methods of garbage disposal, yet such practices appear to have less impact because of the altitude. Sources of protein are few, and the high rate of peptic ulceration is considered to be dietary-related rather than physiologically or stress-related, yet the high intake of carbohydrates appears appropriate to the environmental conditions and physical activities of the Sherpas. Breastfeeding is still almost universal and often continued well into a child's third year. In the past, as a result of religious proscriptions, almost no Sherpas smoked tobacco, and only locally-made rice and millet alcohol (with relatively low alcohol levels) was available.

While the physical environment was demanding, the Sherpas appeared to have adapted to it well, demonstrating, for example, efficient FVC capacity relative to lowlanders at high altitudes (Lhari). Population pressure was minimal and the Sherpas have relatively low fertility rates (Pawson 1974, Gupta 1980) due in part to lengthy breast-feeding, later sexual maturation and possibly a high rate of spontaneous abortion due to hypoxia, as well as to such sociological factors as lengthy absences of the husband from home. With the exception of the elderly and perhaps the monks, the Sherpas were physically very active and yet appeared to allow much time for socialising, leisure and spiritual activities, thus reducing stress. The most significant threats to health identified by the early Hospital staff were smoke-filled houses, polluted drinking water, contagious diseases originating outside the Khumbu, and the weather and physical environment itself (Presern and Halligan).

In 1966 the Himalayan Trust established the first Hospital in the region, in the village of Kunde. According to hospital records, the most prevalent conditions among adult outpatients treated between 1966 and 1972 were gastro-intestinal conditions, followed by skin conditions, bronchitis, conjunctivitis, otitis media, dental problems and leprosy. The majority of adult inpatients were admitted for obstetric complications, ulcers, and T.B. In a survey of 270 children treated at the hospital over the same period, Teas (1973) identified otitis media (24.3%) as the most common complaint, followed by burns, fractures, and other traumas resulting from accidents (13.5%), childhood exanthems (9.6%), skin conditions (6.6%),
pneumonia (5.4%) and T.B.(5.1%). Children under the age of 4 appeared to be particularly susceptible to respiratory infections and skin conditions.

An intensive immunisation programme (BCG, smallpox, depot iodine, DPT) and health education campaign had a significant prophylactic impact even by the late 1960's (Evans 1969, Lang and Lang 1971). Even the incidence of T.B. had been reduced, despite poor compliance patterns (with more than 50% of patients discontinuing treatment - Lang and Lang 1971). Over 40 women (primarily the wealthy and more educated) had had IUD's inserted by 1969, 16 were on the pill, and nearly 10% of all births had received some hospital attention, despite cultural proscriptions on birth control (because of the belief in reincarnation) and assistance at birth. (There are no traditional Sherpa midwives, and birthing is traditionally done by a woman alone, because of the belief that it attracts malevolent supernatural forces which attach themselves to helpers). In 1971 the hospital treated a total of 2174 outpatients (with roughly equal numbers of males and females), and village health centres treated an additional 2,000. By 1973 the hospital reported a 65% increase in outpatients and nearly 50% increase in inpatients (Strang 1973), and in 1977 the hospital treated 8,224 outpatients.

By 1986 the situation had changed again. Kokernot (1986) reports that the hospital had treated only 4,094 outpatients and 55 inpatients in the previous two years. A similar decline had occurred in the number of patients seen in the village health centres. The most common conditions treated at the hospital in 1985/1986 were respiratory (25%), skin (20%) and gastro-intestinal (16%), followed by dental, ENT, eye, and musculo-skeletal conditions. The hospital was particularly concerned about the rising incidence of ulcers, high blood pressure, and alcoholism among the adults, and the threat of outbreaks of whooping cough and meningococcal meningitis among the children.

At the Thame village health centre, a total of 330 patients had been seen between March 1985 and March 1986 (only 217 of which were from Thame and Thameteng). While data regarding diagnoses is unavailable, aspirin was prescribed in 46% of cases, netrasol in 16%, penicillin in 12%, and dimagel in 11% of cases. At other health centres, the data varies considerably. For example, at Devuche the most common complaint was diagnosed to be bronchitis (56%), followed by gastro-intestinal conditions (22%), impetigo (10%) and accidents (7%). Health centres lower down in the Pharak region reported a much higher percentage of gastro-intestinal problems, particularly bacterial and worm-related conditions. At all health centres there appears to be a relatively large number of eye complaints (which staff cannot
treat).

Nowhere in the hospital reports is there an attempt to explain the significant rises and falls in the number of patients treated since 1966. Nowhere is there an attempt to document or discuss the incidence of sickness not presented to the hospital or health posts. There is little analysis of conditions related to change, such as stress-related disorders, iatrogenic conditions, alcoholism, diabetes or dental conditions. And nowhere is there an indication of how the incidence of sickness varies according to wealth, education, occupation, social status, size of family, or other socioeconomic variables.

The hospital remains a highly centralised and somewhat alien institution for most Sherpas. It is staffed by expatriates whose medical knowledge (and control over the hospital itself) is significantly greater than that of the two Sherpa staff. It allows little opportunity for community participation in its management; has not fully tackled the issues of sickness prevention and health education; has not developed an adequate understanding of traditional healing systems, beliefs and practices and the sociocultural structure in which they are embedded; and does not dialogue or co-operate sufficiently with traditional healers. Its future sustainability, and indeed that of the entire health services within the Khumbu, remains dependent on external financing.

Nevertheless, the hospital has achieved significant results in the face of a variety of constraints, including a lack of funds, inadequate Government support, competition from tourist 'doctors', difficulties in securing adequate equipment and supplies of medicines, and even elements of Sherpa culture itself. From the biomedical perspective, negative Sherpa beliefs include the primacy of dealing with causes (karma and supernaturals) before treating symptoms, the primacy of spiritual pollution over environmental pollution, and the primacy of supernatural contagion over pathological contagion. Another example is the belief that diarrhoea in infants reflects an excess of fluids, thus requiring that they be "dried out". Within the Sherpa healing system there is, as we shall see, little opportunity for self-healing, and little scope for real choice of healers, negotiation with healers, or encouraging innovative approaches to health and healing.

Tourism has had a major impact on the health of the Sherpas. While diet has become more varied as a result of imported food products, the rapid increase in intake of sugar, salt, chili and processed carbohydrates has had significant negative impacts on nutritional status, especially on children. Women
claim not to breastfeed their children as long as they did in the past. Dental caries is now a significant problem. Tobacco and snuff consumption is on the increase, and alcoholism in particular is becoming a major problem. (Note the significance of this - in a very real sense it is alcohol which provides the fuel for the machine of hospitality, which in turn is vital to virtually all transactions in Sherpa society).

In fact, the doctors at the hospital describe alcohol abuse as 'rampant'. This is due partly to the availability of rice from which chang (beer) is made; the ready availability of cash for the purchase of stronger, imported liquor; increased leisure time; encouragement by trekkers who model alcohol abuse as part of a modern Western lifestyle; the increasing significance of alcohol consumption between friends at the weekly market, and for even passing social encounters; and the increasing pressures of day-to-day living in which, as one doctor put it, Sherpas "live with one foot in the Khumbu and the other in the West" (Kokernot, personal communication). In Kathmandu in particular, there is an increasing problem with alcohol abuse among young Sherpa men who receive occasional large bonuses from successful mountaineering expeditions but lack a regular income, have no wife or family, are caught between cultures, and are eager to establish relations with Nepalis and Westerners through their generosity and high living.

In the Khumbu itself, the problem of alcoholism has led to some Sherpas refusing all alcohol - except the most expensive imported varieties - in spite of the threat this causes to social relations. There were 5 deaths in the Pharak region in 1985/1986 attributed, at least in part, to alcohol. The sister of a high lama also died of alcohol abuse in Kathmandu. Many ulcers are considered to be alcohol-related. There is growing concern about the consumption of alcohol by monks and even high lamas. During my field work, at least one major conflict within the Thame gonda - which led to the expulsion of a high monk - was related to alcohol.

Environmental degradation - which admittedly began occurring long before the advent of tourism - is having a significant impact on health status, with accelerating deforestation, pollution, less feed for animals, and so on. Clean water is still not available in most villages. Most houses remain smoke-filled despite changes in architecture and stove design, and only 2 or 3 families in Thame have constructed chimneys. There are still no latrines in Thame, nor any effective means of garbage disposal other than dogs.

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Their geographic position on the Nepal-Tibet trade route has brought the Sherpas into contact with a number of conditions not indigenous to the region. Sexually transmitted diseases are on the increase, as are stress-related conditions (with tourism often identified by the Sherpas themselves as the major cause). Mountaineering accidents have claimed the lives of over 100 Sherpas - mostly males - in the last 30 years, as well as numerous cases of altitude sickness, frost-bite, snow blindness and other temporary and permanent injuries.

7.2 Sherpa concepts of sickness.

What, then, do the Sherpas say about sickness in their community? The most general terms for sickness are nāp or neza although these are not often used in speech. More commonly they are added to a term for a part of the body that is sick. Nāp are sometimes distinguished from nemu, which are more serious conditions, such as lheñdum (smallpox). Classification of sicknesses is, however, somewhat problematic for most lay Sherpas, as we shall see.

Yeshe Dhonden, physician to HH the Dalai Lama, has written that:

"the root cause of all diseases is ignorance of how the self really exists. This ignorance causes birth into cyclic existence and suffering such as diseases and so forth. The ignorance of how the self exists produces the three poisons, namely desire, hatred, and closed-mindedness, which in turn disturb the somatic functions of the body and consequently produce [the three humours] wind, bile, and phlegm" (1980:4).

Similarly, the Rimpoche of Tengboche gondu, in a small publication translated into English and available to trekkers, writes that sickness reflects an unstable mind:

"our minds are not stable because we see things as good and bad. Our desires and dislikes are like dirt on a window. Through prayers, meditation, shetu and trying to keep the balance in our thoughts, we clean our windows so we can see ourselves more clearly....if you keep yourself and your house clean, you will have hardly any sickness" (in Klatzel.)

According to one of my most articulate informants - a well-known hereditary lama - life is like a butter lamp. A butter lamp consists of butter, wick, and flame. Without one of these, or with too much of one and not enough of the other, there is no light. Similarly, the three essential ingredients for a healthy life are sonam (merit), le (love/karma) and tse (lifeforce). If one of these is lacking, or, more importantly,
if the relations between them are not balanced, then sickness arises and life is threatened. There is little value in one without the others.

When Sherpas get sick their first response - as a rule - is to call one or more healers to identify and treat the causes of their sickness through offerings, hospitality, or meritorious activity. Only after it has been demonstrated that these causes - more often than not supernaturals - have been effectively propitiated and dealt with, will the patient consult a healer to treat the symptoms of the sickness. Fascinated by the evidence of the primary significance of causes over symptoms, I attempted to explain this in terms of the notion - often espoused within Western discourses on Buddhism - that all things in the universe are considered to be interconnected. That is, health exists where there are good, effective relations between phenomena, and sickness is an expression of disturbances to these relations - perhaps between organs within the body, but also between the body and the mind, between people and groups of people, between the social world and the environment, and between the natural and supernatural realms. Disturbances to relations at any one of these levels will - because of the interconnected nature of the universe - have an impact at all other levels of the universe.

For example, a simple fever may be caused by a lha (deity) who has not been adequately worshipped at a lhachetu (seasonal deity placation ritual). If this lha is not subsequently propitiated - even if the fever disappears (or the sufferer dies!) - it will continue to express its anger again and again, perhaps in other victims or in other forms (that is, as a breakdown of relations somewhere else in the universe). Moreover, its anger at being neglected will express itself in even greater suffering than was originally the case. Sickness then, according to this view, might be conceived as an expression of disorder within the universe and the infinite network of relations on which its existence is dependent, while healing involves the restoration of relational harmony: the restoration of the "pattern which connects". As one text puts it, ultimately the whole universe groans when a single blade of grass is broken, and rejoices when it is restored.

Now this all sounds very well and good to Westerners steeped in the discourse of Lobsang Rampa, and even conforms with the ideas presented in Western texts on Tibetan Buddhism and its medical system (for example Clifford 1984, Burang 1983, Anderson 1979, Birnbaum 1979). But is it familiar to Sherpa patients themselves? When going back through my notes towards the end of my fieldwork, I was struck by how often I had imposed esoteric notions such as the notion of interconnectedness on to my
informants; had blithely assumed that Western interpretations of Buddhist theories of sickness would be familiar to the Sherpas, (and would be understood and accepted by all Sherpas equally). More detailed examination of my notes, however, revealed that no Sherpa - lay or otherwise - had ever explained things exactly this way to me, and, no matter how hard I subsequently tried, no Sherpa ever did.

I began to realise that for the average lay Sherpa, sickness is an area of considerable mystery; that knowledge of sickness and its causes was limited, and unequally distributed within the community. Most Sherpas understand that supernaturals are involved in sickness. In some cases people were aware which of their actions (or neglect) had provoked the supernaturals. But in others, they weren't. Few Sherpas had any sense of how to control the supernaturals directly, other than through the mediation of healers. As I began to understand the variation in and distribution of concepts and knowledge concerning sickness, I began to sense the danger in assuming that Sherpas understood the somewhat reified concepts of Yeshe Dhonden, the Rimpoché or even my articulate informant. In fact I began to recognise the possibility that the average lay Sherpa is far more concerned with alleviating sickness than with analysing it (far less with writing an ethnography on it!).

In fact, the average lay Sherpa has remarkably little specific knowledge about sickness other than what s/he is told - generally very little - by the healers themselves during healing rituals. Few Sherpas know, for example, the names of internal organs, though most know the names of the external anatomy. (This was explained to me as follows: "What is outside is for everyone to see and know, but what is inside is secret"). As another example, the concept of contagion is known by many Sherpas but there is much variation in perceptions of what causes it or in what conditions. Often contagion is confused with the notion of pollution. As a rule, sicknesses which are thought to be caused by supernaturals are not considered contagious (including those which, from a biomedical perspective, are highly contagious) but this does not necessarily apply in practice.

The classification of sicknesses also demonstrates the complexity and variability of the Sherpa healing system (note that for the most part, lay Sherpas claim not to know how sickness should be classified, referring questions on such matters to healers and the religious elite). In general terms, conditions are classified according to their causes, rather than to symptoms or signs. The precise nature of this classification varies considerably however, both between individuals and in different cases over time. Each healing sub-system - that is, that of the tawa (monk), the banzin (lama), the amji (Tibetan doctor), the
Lhawa-minung (shaman-diviner) and, of course, biomedicine - appears to utilise a different system of classification, according to its own particular orientations and concerns. One system utilised by the amji and based on causes is that of the three "humours" - lung (wind), paken ( bile) and tiuwa (phlegm) - deriving from the Tibetan medical system (and, in turn, from the ayurvedic system). Bile is hot, phlegm is cold and heavy, wind is dry and light. Most Sherpas know of these humours, but few are able to expound on or apply this system. Another related system of classification - also based on causes - is the distinction between tsenggurmile (karma-caused sicknesses), talkine (sicknesses deriving from physiological breakdown), lunggine (sicknesses caused by an excess of lung i.e. wind) and ngulkile (sicknesses caused by 'luck').

Related to this system is another, based on treatment methods. According to this system, the most common conditions are kundadenkine (requiring the prior divination and management of causes before treatment of symptoms). However, there are also yongdupsteinine (conditions where symptoms can be treated first, because causes are known and not problematic), ngulentalkine (conditions involving no treatment because both causes i.e. karma from past lives, and symptoms are untreatable - these are sometimes referred to as tsengulkile or 'bad luck' illnesses), and tarnangtalkine (conditions involving no treatment because they are seen to be self-limiting.)

Other systems of classification employed from time to time by different informants included the distinction between those involving loss of tse (life force) and those simply involving the body; and that between contagious and noncontagious sickness i.e. between rim (or nirim) such as champa ('flu) and tsa (measles) arising from the natural elements (for example, wind and water), and those conditions arising from the activities of supernaturals (and thus generally not contagious). One of the few symptomatic differences between the two is that conditions caused by supernaturals are thought to get worse at night, when supernaturals are most active. They are treated primarily by lhawa-minung, while rim/nirim are more often treated by amjis or Western doctors. The distinction between the two, however, is certainly not hard and fast. For example, some say that if champa is not treated satisfactorily, it may attract supernaturals and transform into such conditions as goinp (involving extreme lethargy because of a loss of tse or life-force) and leading eventually to mental illness and death.

This classification has something of a social basis insofar as nirim are often said to originate outside the Khumbu and are brought in at times of festivals such as mani rimdu. (After the 1986 mani rimdu there
was, indeed, a rise in the number of patients attending the health post for gastro-intestinal conditions, influenza and fevers, although this was probably due as much to the lack of hygienic cooking and washing facilities, and the sharing of cups that takes place at the festival, held over the warmer and wetter monsoon period. Nirim are also said by some to be caused by lu (serpent deities) unsettled by the approaching monsoon. Another classificatory term commonly used is lune or 'body illnesses', for which the causes are either known or unknowable, thus allowing the sufferers to seek treatment for the symptoms from the hospital, if they so wish.

What is important here, I suggest, is the lack of any single, clear, uniform system of classification of sickness available to the laity. This is due as much as anything, I suggest, to the lack of any single, clear system of identifying, defining and categorising the various causes of sickness. Without this power to classify causes, lay Sherpas lack a significant means of understanding the relative importance and severity of their conditions, and thus control over their treatment. For the focus on causes places the focus very much outside of the individual and in the supernatural realm, and thus on the healer rather than on the patient. The patient may know his or her symptoms. But it is the healer who controls the knowledge necessary for dealing with supernatural causes.

What Sherpas do share in common is the understanding that identifying and treating the causes of sickness is the first and most important task in a healing episode. This fact is vital in understanding the health-seeking process, and relations between healers and patients more generally in Sherpa society.

7.3 Causes of sickness.

Sickneses tend to be classified by causes rather than by the part of the body they affect, or their intensity. The identification and treatment of causes is thus far more elaborated within the various healing traditions than is the cure of symptoms. Even the laity have a far greater and more diverse knowledge about causes than about symptoms. The primacy of causation can be seen in the following two case-studies:

A.N. is a 34 year old, single, male agriculturalist and occasional porter for trekking groups. Three years ago A.N. noticed that a growth in his outer ear was beginning to bleed. He called a minung (diviner) to identify the cause of the growth. The minung determined that a lu (serpent deity) residing in the rocks behind his house was the cause. The lu had fallen ill when A.N.'s neighbour had thoughtlessly broken some of the rocks in which it lived, to repair his fence. In anger, the lu had transferred its sickness on to A.N.'s neighbour, but, because of the neighbour's good 'luck' on that particular occasion, the sickness was transferred instead, on to A.N. The
minung put some yak butter on to the fire as an appeasement offering to the lu and sent it away. But the mass continued to bleed - especially at night and after drinking chang (beer) - clear evidence that the lu was still angry. A.N. then called another minung and the process was repeated. On this occasion the relation between the healer and A.N. was teihup, that is, the healer-patient relation was conducive to healing. The bleeding stopped; the lu appeared to be appeased. At this point, A.N. was advised by his father to go to the hospital. With four years of education, long contact with tourists, and many visits to Kathmandu, he readily agreed. The doctors recommended surgical removal of the growth. Concerned by the possible repercussions of such radical invasive therapy, A.N. went to a high lama at the gonda (monastery) to seek his opinion. The lama determined that all would be well, provided that this was not a time of kyek (a regular bad luck period) for A.N. and that he perform a number of recitations to appease the thao (high gods) beforehand. A.N. consulted a fortune-teller who determined that this was not a time of kyek and that none of the other possible causes of the growth would give trouble. He then commissioned five monks to come to his house to perform the necessary recitations. Two weeks later he went to the hospital and had the growth successfully removed.

Another example of the primary significance of causes is the case of A.L., the 54 year old wife of an influential trekking guide:

Not content with domestic duties, A.L. built a tea-shop at the entrance to her village, but in the process offended a lu (serpent deity.) Her legs swelled up and she called a number of minungs and lhawas to identify the lu and appease it. Only when she was able to drink chang (beer) at night, without her legs swelling up (evidence that the lu was appeased) did she go to the hospital. That there were by this stage no symptoms to treat did not bother her.

Lay Sherpas rarely explain causes in psychological terms. This is because causes are seen to lie ultimately in a disturbance of relations outside of the individual as much as within the individual. Psychological states are thus seen as effects of other causes, and so are rarely the focus of therapy. For the same reason, Sherpas do not explain healing in terms of catharsis or psychological manipulation. Babies and animals are treated in virtually the same way as adults, (and it would be difficult, even for an anthropologist, to demonstrate a cathartic experience for them!). At healing rituals there is often much horsing around and poking fun at the ritual and even its officiants, (see for example my account of the srine in Chapter 5) and it would be very difficult to argue that any sacred ambience is consciously constructed or plays a role in such rituals. Furthermore, the patient is often not even present during divinatory and healing rituals. It is the cause that is treated first, rather than the patient as such. Healers are not seen as able to cure just because they are famous. Any reputation they might have as a healer will reflect an ability to divine and manage causes as much as symptoms.
Perceptions of the efficacy of treatment are thus determined, at least in the first instance, by resolution of cause rather than by eradication of symptom. (And of course the perception of efficacy of treatment will have a major influence on decisionmaking regarding further therapy). Compliance with a healer's prescriptions is more important, and more likely, when these prescriptions are directed to dealing with causes than with symptoms. And the severity of a particular condition - an important factor in the nature of the health-seeking process - is determined by the nature of the cause as much as of symptom. Thus, for example, sores on the skin (shyo) are considered serious because they are caused by the powerful but capricious lu, which is intimately involved in a person's material and physical wellbeing through its role as a mediator between the natural and supernatural realms.

A case in point of this was my research assistant's concern when he developed a sore on his lip: he would not use any of the medicines I offered him for fear of provoking the lu which had obviously caused the sore. Instead, he consulted a minung to identify which particular lu was the cause, and why. The result was interesting. It was a lu who lived behind our house, and it was angry because my research assistant - said the lu - had been urinating on it. It obviously didn't like being a loo lu! The real trouble, though, was that my research assistant had not been urinating there at all! - he knew much better than to do that. It was my own furtive dashes behind the house that were the problem. But because my involvement in the network of social relations at the time was minimal, the lu's anger had transferred to my research assistant. (I gave him a rise in pay, and he helped me build a toilet - away from the lu!).

Now, to say that cause is of primary significance is not to say that the treatment of symptoms or the alleviation of pain is not important, or is not considered a pragmatic response. Rather, treating causes first (and, by implication, employing healers rather than attempting to treat oneself) is seen to lead inevitably to the alleviation of symptoms and pain, sometimes without requiring separate treatment for symptoms at all. If symptoms persist, but causes have been deemed to be resolved, then symptoms will be seen to be of less concern and may even be experienced less problematically.

Furthermore, an emphasis on causation does not imply that the only causes are supernatural, nor that 'belief' in supernaturals is complete, or uniform. Many Sherpas are aware of biomedical notions of germs and other so-called 'scientific' theories of causation and indeed can often demonstrate more knowledge of these than of traditional Sherpa theories. What is significant however is that Sherpas, with such knowledge inevitably go beyond these to ask why such causes have affected them in this particular
situation and in this particular way; what other causes might be involved, and what might be the effects of these? Inevitably, the supernatural element of causation comes into play, even for those with Western education. Sherpa etiology therefore can be said to encompass rather than to conflict with biomedical etiology. (Note also here the analyses of other traditional healing systems such as that of Evans-Pritchard, Reid, Janzen). When one digs deeper, the number and variety of causes becomes almost overwhelming and it is not surprising that the laity would leave this whole area to specialist healers. Causes range from the laws of karma (le) to luck (ngulkile); the inevitable negative spiral of the universe (reflected in the current age being regarded as samen kokpu) to heredity (girpa); old age to pollution (tip); astrological considerations to dietary considerations; wearing insufficient clothes to lunar eclipses; failure to fulfil familial obligations (for example, sumutuwa) and social exchange responsibilities (for example, larke) to gossip; social conflict to "thinking too much"; endogamous unions (shamden) to exogamous unions with monks or nuns (lou); a loss of life-force (tse) to insufficient merit (sonam); changes in wealth and status to changes in weather.

To add to this complexity (and thus the control of this area exercised by the specialist healers), all sicknesses necessarily involve a multiplicity of causes, and what I shall refer to as 'levels' of causes, some of which are more significant than others, and in certain cases or individuals rather than others. This can be seen in the following case-studies:

L.S. is a middle-aged female hotelkeeper who, by her own reckoning, contracts chokpashurup and "goes a little crazy" when she uses other people's utensils and cups. Healers, however, have divined a variety of other causes ranging from lu to pang (a form of postnatal depression), pem (the unconscious projection of negativity by a neighbour or close kin), and tuk (poisoning), and one lama also divined kyek (a regular period of 'bad luck.') The doctor at the hospital first diagnosed high blood pressure, but then suspected an ulcer, and remained unsure. The woman continues to have periods of acute sickness, interspersed with periods of busy activity as a hotelkeeper.

Another case demonstrating the variety of possible causes is that of G.P.

G.P. is an elderly woman who succumbed to a lengthy illness towards the end of my fieldwork. She had previously been sick for a number of months as a result of an attack by her father's nerpa (spirit of a deceased person). She had almost recovered from that attack when she decided to go to the health post to get medicines for her eyes. On the way she walked past a small stream inhabited by a lu who was considered to be a kuma (female cretin). As a result of this encounter, her tongue suddenly swelled up and she could not speak properly (evidence that the lu was indeed a kuma). On the way home she decided to visit a neighbour for help, but while there, she contracted another visitor's pem, attracted by her weakened state. Upon her arrival home, another lu is said to have attacked her, attracted by the combination of nerpa and pem now afflicting her. (This combination is always particularly dangerous because of its combination of non-life and

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life forces.) The healer who had successfully treated her for her first case of *nerpa* was called in again, but this time pronounced that her "life was now run out" (*tsestup*), as evidenced by the multiplicity of supernaturals afflicting her. A number of other healers, including a high lama, were called in, but, despite their efforts, she died soon after.

Another interesting case is that of M.T.:

M.T. is a wealthy and influential middle-aged male *sirdar*. One day he suddenly began to drink heavily and became very depressed. (In this case, alcohol abuse was seen as the symptom, not the cause.) On occasions he appeared to become almost possessed, hissing like a snake, or jumping up and down like a monkey. His family feared an attack of sorcery by a *rongpa* (lowlander). A *lhaawa* was called and, on four separate occasions and over a number of weeks, divined and propitiated first a *pem*, then a *nerpa*, then a different *pem*, and then a *lu*. Suddenly his drinking and strange behaviour stopped, and he left for an overseas tour. At no point did he seek treatment from the hospital, even though he had played a role in establishing it.

As already indicated, the classification of causes remains problematic (thus also reducing lay access to knowledge of causes). Few lay informants, for example, distinguished natural from supernatural causes in any consistent fashion, despite my promptings. (Indeed, ultimately all conditions seem to contain elements of both - the two are not necessarily mutually exclusive). Similarly, few informants found my distinctions appropriate between 'primary' and 'secondary' levels of causation, or between 'immediate' and 'ultimate' causes. (Nevertheless, a number of healers commented to me that a patient's concern was more often with how sickness had occurred, thus requiring identification of an 'immediate' cause, rather than with why sickness had occurred, which requires more extensive exploration of all possible causes, including such notions as karma. For this reason, a preliminary diagnosis of cause is far more likely to be a supernatural, with other causes becoming more frequent where the first diagnosis does not prove correct).

The absence of any rigid system of classification of causes allows healers a considerable degree of latitude in interpretation of causes (and thus, treatments) but - as we shall soon see - such latitude is not available to patients. All causes may express themselves in a variety of forms at a variety of times and lives. Both healers and patients rapidly change their perceptions of causes without any apparent problem, especially where efficacy of treatment has not been demonstrated. In fact, the more serious the case, the more likely that multiple causes will be divined. And the more causes divined, the more important is their divination and management, for their impact becomes increasingly problematic the longer they remain unresolved.

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The relationship between symptom and cause, and between treatment and outcome (and perception of outcome) is tenuous at best, and becomes increasingly so the longer a condition lasts and the more chronic it becomes. In such cases, causes become increasingly generalised (and thus increasingly beyond control). The same cause may well lead to a variety of treatments for the same condition, partly because of the variety of methods of divination. Or, the same cause may well result in different sicknesses among different patients in different places, either simultaneously or at different times. Few lay Sherpas, however, are able (or prepared) to explain why. Victims of an attack by a supernatural are not necessarily the perpetrators of the behaviour that led to the attack, but rather may be - as we see above - merely less 'lucky' or 'lower'. The same causes may require different treatments in different contexts, or vice versa.

Evidence that symptoms are no longer present, or even that death has occurred, does not therefore necessarily conclude the healing process. In theory, healing must continue until such time as all possible causes have been identified and deemed to have been effectively dealt with. This can be seen in the case of P.P.:

P.P. is a relatively wealthy, middle-aged mother of 6. She consulted a local lhawa because one of her yaks was sick. P.P. regularly makes tongba (a mildly alcoholic drink made from millet) but on one occasion did not provide any for her neighbour (who is a close friend.) On another occasion she did not recompense her neighbour for use of her flour mill. The lhawa "divined" both of these events while possessed, and indicated that as a result, the neighbour was jealous, and "sent" pem (though unconsciously). Because P.P. has "good luck", the effect of the pem was transferred on to her yak (who had "bad luck"). The yak subsequently died, but the lhawa was consulted a further two times to ensure that the pem had been correctly identified and was now satisfactorily appeased (through the offering of tongba and payment of flour: to the pem, not the neighbour herself). This was necessary, it was explained, to avoid the pem transferring its jealousy on to other yaks or even humans.

(While in the Khumbu I recorded 4 other cases of healers being called to identify and deal with the cause of death of animals, in case the cause affected other animals or humans).

In the vast majority of traditional healing systems documented by medical anthropologists, social structures, social relations and particular historical social events are an explicit and important cause of sickness. (See for example Turner 1969, I.Lewis 1971, Janzen 1978, Douglas1975, Comaroff1981). Among the Sherpas, social structures and relations seem to be important causes of sickness as well, but what is more important here is that they are rarely explicitly recognised as such by the Sherpas themselves. When transgression of social rules is divined as the cause of sickness, (and this is not a common event), the focus is generally on the supernatural agent which reflects and expresses the
transgressor's actions rather than on the rules themselves. That is, the cause is located in the supernatural expression of disordered social relations rather than in the structure of relations which shaped the individual's actions and how they are judged. In this way, the social cause is reified, the victim is blamed, and the arbitrary sociopolitical nature and impacts of this structure of relations are masked, and de-politicised.

The community as a whole is very rarely considered to be the 'patient', is never considered responsible for an individual's sickness, and is never considered responsible for carrying out healing (although a particular kin or residence group may control the management of therapy and care.) There are no lay 'possession cults' (such as those described by Lewis, 1971) or formalised community forums for the expression and management of individuals' grievances, and no "subversive" healing cults or healers who might address the sociopolitical dimensions of sickness.

There is one condition - pang (a form of postnatal depression) - which the Sherpas readily attribute to social relations (in this case, inadequate care of women during pregnancy by their husbands) but even here it is the individual victim who is treated - and, indirectly, blamed - rather than the husband, the community, or the structure of social relations that may have precipitated her lack of care. (Furthermore, even pang is often said to be caused by other factors, as we shall soon see). The more serious the sickness, the more likely that the patient will be isolated - spatially as well as socially - from the rest of the community, for fear that social contact will complicate the sickness or transfer it to others.

And yet, healing of the individual can be achieved only through a reaffirmation of the social structure, and of order in the universe more generally. That is, although the individual might be the overt focus of therapy, it is the community - or, more accurately, the structure of relations - which is 'healed', as much as the individual. Furthermore, this healing is achieved through the reproduction of such relations, as much as through changes to them. The Sherpas do not consider themselves wholly passive victims of the forces operating on their universe - even if they do not wholly understand them - but neither, for this reason, do they consider themselves masters of them. Agency is possible, and indeed, fundamental to concepts of causation, but the field in which agency is possible is clearly defined and, for the laity, does not encompass treatment of causes without the mediations of healers. That is, while both structure and agency may cause sickness, structure is inevitably the product of therapy.
Were relations of power less fixed, less hierarchical; were status less clearly defined, then perhaps the social causes of sickness would come under closer scrutiny, and the community as a whole would become more involved in what might be termed 'social therapy' (a phenomenon more commonly found in, for example, Melanesian societies, which are less hierarchical). In the Khumbu however, the notion of social therapy is not appropriate. The process of depersonalisation of causes through their projection onto supernaturals (see below) is fundamental to the depoliticisation of sickness and healing, and thus its role as an instrument of social control.

The consequences of this understanding of causation can, of course, be very serious. Where social relations are relatively fixed, they are also potentially problematic, and in fact the closer and more fixed (and significant) relations are, the more serious are the consequences of breaches of them. For example, pem (the projection of negativity), tuk (poisoning), and lhalarou (sorcery) are more likely to occur in situations of close relational proximity. This is an important reason for isolating the patient from the community. And yet, being outside of the network of relations is even more problematic. A person in this situation may or may not be less susceptible to the causes of sickness, but he/she will certainly have less access to the sources and benefits of healing.

A case which clearly demonstrates both the significance and problematic nature of relations is that of L.P., a 54 year old nun:

Several years ago, before becoming a nun, L.P. had angered her affines by unilaterally disposing of her deceased husband's property to people outside the family. This transgression had led to a total breakdown of relations with her husband's family, (one of whom was a highly respected lama), and therefore with her neighbours. When she became ill, no help was forthcoming and no healer would treat her. She was left to her own devices, and was later found dead - her death obviously speeded up by starvation. She was eventually cremated (at the insistence of her landlord, who was afraid that his house would otherwise become inhabited by her nerpa) but no shetu (full funeral ritual) was performed, her chances of a favourable rebirth being thus diminished.

Shocked by the apparent contradiction between this event and the Buddhist ideal of compassion, I asked villagers how they could have let this happen, particularly to a nun. The answer was simply that - because the nun was outside of the all-important network of social relations - there was neither the motivation nor the opportunity to get involved. It was her transgression of social rules, rather than the rules themselves, which caused her sickness, and, eventually, her death. Clearly, the benefits deriving from acquiescence to the structure of relations are perceived to outweigh the benefits of challenging them.
A Sherpa friend once remarked:

"If we ignore the gods they grow distant and give us less trouble, but they cannot help us either. If we make offerings to the gods they get stronger and can help us, but this also gives us trouble. We need their help more than we fear their trouble so we continue to worship them. In the same way, if we don't give chang (beer) or don't give larke (participation in the onerous gift-exchange system) we might be richer but no one will help us at our funeral. Sherpa is larke".

It should be noted here that transgression of social rules is regarded as having very different implications to the breaking of religious rules. Religious transgressions can cause social problems, including sickness, and social transgressions can also cause sickness, but social transgressions are rarely considered to cause religious problems. For example, a sexual relationship with a monk or nun (lou) is a religious transgression and may result in blindness (and other conditions) in the individual involved, but, more importantly, will have a negative effect on one's relationships with the gods, and thus on one's chances of a favourable rebirth. Such transgressions therefore require the intervention of high lamas and monks, who are relatively distanced from the network of social relations; who acquire their power directly from the gods, and whose role is primarily to impart spiritual merit and restore relations with the gods. Theirs is a more generalised, preventative form of therapy.

A sexual endogamous relationship with another layperson (shamden), on the other hand, is a social transgression. It is more likely to result in sickness, for others in the community as well as oneself, and thus has important consequences for social relationships, but within the context of this life only. It is less likely to affect directly one's chances of a favourable rebirth. Such transgressions therefore more commonly involve the intervention of lhawa-minung who are more intimately involved in the network of social relations; who acquire their power from a hereditary source, and whose role is primarily curative and more specific in focus. Note here that the laity, through their greater involvement in social relations, are considered more likely to break social rules than are the religious elite; are thus more susceptible to sickness, and depend to a far greater extent on the healing provided by lhawa-minung. (Note also that both shamden and lou are considered very serious transgressions, and abortions have been known to be carried out despite the strict taboos against them. Very few Sherpas are prepared to discuss this issue.)

For most lay Sherpas the principal expression of causation are the supernaturals. The Tibetan Buddhist notion of karma (translated by Sherpas as le or Tala) and its relation to the notion of luck (various forms of which include ngulkile, suthi, or temdil) is somewhat problematic for most Sherpas relative to the notion of supernaturals. Even among the religious elite there is considerable variation in the nature and
degree of understanding of these concepts.

For many in the West, Karma implies that one's life and behaviour is predetermined; that every cause will have an inevitable effect. But for more serious students of Buddhism, the relation between cause and effect is very much problematic; within this relation lies the opportunity (if not the promise) for agency. That is, while the rules of the operation of Karma may appear more "determinate" than, for example, the notion of luck, the practice of karma allows - even demands - the active manipulation of one's existence.

According to this view, the effects of past actions are qualified by such factors as the relative 'sinfulness' of the action; the intentions (and degree of consciousness of intention) behind these; the rituals, offerings, merit-making activities and other methods used to prevent and mediate the effects of action; the relative 'highness', spiritual power and purity of those commissioned to perform these rituals (and thus the status and wealth of the commissioner) and so on. Furthermore, effects can manifest at any time, in a variety of ways, and can be cumulative (for example, the effects of actions in past lives). Karma is thus not so much opposed to 'luck' - or agency - as encompassing of it. As Epstein (1977) suggests in his study of causation in Tibetan Buddhism, karma and luck might be regarded as homologous statements reflecting a deeper underlying problem concerning human duality (that is, the interstitial position occupied by humans between the gods and the demons), and thus the indeterminacy of human existence. In an ultimate sense, the liberation that comes from overcoming - or seeing through - duality is liberation from causation.

Now all this may be well and good, but the average lay Sherpa is not likely to be able to articulate, or be interested in articulating such notions. What is of more concern is how to engage and manage the vagaries of existence on a day to day basis, particularly at times of actual sickness or misfortune. At such times it is invariably the supernaturals who are deemed to be the most significant - and manipulable - causes. This is not to say, of course, that notions of karma and the perceived activities of supernaturals are mutually exclusive. A number of Sherpas who suffered frequently from sicknesses caused by supernaturals explained this by saying that their karma, merit, and/or luck were low, thus attracting supernaturals. Alternatively, one's karma may lead to the creation of a supernatural. Because of actions in past or present lives, a deceased relative may not be given an adequate funeral and may consequently fail to be reborn, becoming a nerpa (evil spirit) instead, and causing sickness. For the lay Sherpa,
however, it is the *nerpa* which receives greatest attention as the cause of sickness, rather than the conditions giving rise to its existence.

According to many - but not all - Sherpas, one's lifespan is significantly affected by 'luck', or, more accurately, by the regular bad luck periods (*thok* and *parcha*) to which all people are, to varying degrees, subject. *Kyek* is a particularly bad form of *thok*. Males are said to be subject to *kyek* every 12 and 25 years, and females every 19 years, but there is much difference of opinion about this. Some say that everyone's *kyek* is different as a result of action in past lives, while others say that it is affected more by actions in one's present life. For some, *kyek* is relatively fixed, while for others it can be radically altered through the interventions of a lama. Before beginning any major new venture (for example, establishing a hotel or going on a mountaineering expedition) it is important to consult a lama to divine whether one's *kyek* or other form of bad luck will influence the venture. If so, then a *kyekur* ritual (performed by lamas only) must be commissioned. This ritual is variously explained as 'exorcising' the *kyek* (that is, the bad luck has taken on a supernatural form) or 'neutralising' the *kyek* (this is more commonly the explanation given by the religious elite.) One lama in particular has become quite famous - and wealthy - by specialising in *kyekur* and other good luck rituals prior to young men leaving on mountaineering expeditions.

Approximately 12 years ago, my research assistant's family suffered a series of misfortunes, including the deaths of the father and a sister. A number of supernatural causes had been divined and propitiation made. Some years later, however, it was divined that this had, in fact, been a *kyek* period, and might have been prevented if a *kyekur* had been performed.

One of the factors influencing one's luck is one's astrological data, including the day (*kewiza*) of one's birth, the month (*kewila*) and the year sign (*lortho*). This information is fundamental to the healing process and is often the only information which healers will demand from patients.

Related to astrological data is the notion of *kham*, that is, an individual's particular configuration of the basic elements (earth, wind, fire, water, metal, stone, wood, etc). Some Sherpas say that an excess of one of these elements may cause sickness, and that an inauspicious combination of these elements among people may cause 'bad relations' and social conflicts, which may be expressed in sickness. For example, a husband with a dominance of the element fire in his make-up is often said to have problems with a
wife who has a dominance of water (or vice versa) because "water puts out fire" (though it was pointed out to me by one lama that "fire also heats water - this is the reciprocal nature of things"). Sometimes lamas are consulted prior to a marriage being established to ascertain whether the combination of elements between partners will be auspicious.

At this point I want to turn specifically to the supernaturals. There are a vast number and variety of supernaturals in the Sherpa cosmos, and explanations of their nature and function vary considerably from village to village, individual to individual, and even case to case. Here I shall briefly discuss just some of the supernaturals referred to in the case studies presented in this thesis.

LU
Throughout South Asia, and indeed the world, the serpent has long been associated with sickness and healing. In the form of the naga, it is one of the more important deities in the Hindu pantheon (Draper, 1986). In the Khumbu and elsewhere in the Tibetan Buddhist world, the naga is referred to as lu, but serves a similar role of reminding people of their links with and responsibilities to their natural and supernatural environments. Lu are depicted iconographically as having human heads and torsos but snakes' tails, thereby encompassing 'high' and 'low' forms, and reflecting their role as mediator between the supernatural and natural realms, and their liminality within the cosmos.

Relative to pem and other 'life' supernaturals, lu are sometimes - though not always - classified as 'non-life' supernaturals. This is expressed, for example, in the belief that lu do not like the offerings of chang (beer) and meat which 'life' supernaturals (and their human counterparts) crave. (If symptoms get worse after drinking chang or eating meat, the cause is likely to be a lu). This presents problems for propitiation when causes involve a combination of lu and a 'life' supernatural (e.g. pem).

If propitiated properly, lu can be a valuable ally and bring significant material fortune. As a consequence, the building of houses and the establishment of shops and other businesses require a ritual propitiation to either a resident lu, or one especially attracted for the purpose. (One friend attempted 3 times to have a lu attracted to his new teashop, but failed on each occasion. The teashop prospered, anyway, so he did without).

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Lu have a close relationship with the natural environment, particularly with water. During winter, lu are said to go down to the lu yul (land) and return to earth in spring, becoming most active in the monsoon. Any major environmental intervention such as the building of the Namche hydro scheme or the breaking of rocks for the construction of walls, roads, or houses requires the prior propitiation of lu. If this is not done - or not done properly - they can become very angry and cause considerable misfortune. (Some Sherpas blamed the breaking of a glacial lake above Thame - which resulted in considerable destruction to bridges, paths, houses and prime agricultural land - on the failure to adequately propitiate the lu prior to the construction of the Austrian-sponsored hydro scheme in Thamo). If the places where lu are believed to reside - streams, springs, rocks, fireplaces and so on - are desecrated or polluted (for example, by urinating behind rocks, washing dirty clothes in streams, or throwing refuse into a fireplace) lu can cause a variety of problems, including sickness. (On one occasion a friend became quite distraught when he accidentally let milk for our tea boil over into the fire, thus putting all at risk).

Sicknesses specifically linked to lu include impetigo, conjunctivitis, abscesses and boils, rashes and swollen joints, all of which occur frequently among Sherpas. Common to most, however, is the presence of infection (salche), manifested in the presence of pus (nak) or some other fluid. (Perhaps because of the obvious physiological signs of these conditions, Sherpa are often more ready to discuss, classify, and define these than they are to define conditions resulting from pem, nerpa etc. whose signs are more elusive, such as headaches, stomach aches, aches in bones and so on).

One explanation for iodine deficiency disorders such as goitre (ba) and cretinism (kuwa) is that lu that inhabit the streams are angry with people urinating there. When people drink water from the streams (which incidentally, is low in iodine) this is said to make their blood flow thicker, thus causing bulges in the neck and thus mental weakness. (The high incidence of cretinism among the people of Phortse is explained - by others! - by the fact that they live behind Khumbila, the sacred mountain inhabited by the goddess Khumbeyullha. As people generally go behind rocks or houses or mountains to urinate, it is said that the streams in Phortse are particularly well urinated, making the lu there angrier, and causing a high incidence of cretinism).

Abscesses of the breast are a fairly common problem among Sherpa women and are said to be caused by lu. Once the lu has been correctly identified and propitiated (through, for example, the performance of a luptur text recitation), the sufferer may then consult an amji, who will cauterise (megyoup) the breast,
thereby "drying it up". \textit{Lu} are also considered to be the cause of \textit{jeshuruk} (a debilitating paralysing condition similar to Parkinson's disease).

In the Khumbu, the identification and propitiation of \textit{lu} is the province of all healers - including \textit{amji} and high lamas (who occasionally acknowledge that \textit{lu} may not be entirely 'real' - see below). This is interesting because in many other parts of the Tibetan Buddhist world (see for example Marko on the case of Ladakh), \textit{lu} are solely dealt with by the religious elite. (This control appears to reflect the significance of \textit{lu} in day-to-day life, particularly in the area of fertility. \textit{Lu} are often the only form of supernatural that high lamas will deal with directly. Their treatments for \textit{lu}-caused conditions include the recitation of texts (such as \textit{luptur}, \textit{lumbum} and \textit{lupangkong} - texts are said to be necessary wherever one is dealing with 'non-life' supernaturals), incense offerings designed to purify a site and thus appease the \textit{lu} (\textit{lupsang}); and other material offerings which some Sherpas call '\textit{lu} medicines' (\textit{lubze}).

But what is particularly interesting about \textit{lu} is that they - unlike other supernaturals - can be propitiated directly by a layperson, including women (though for prophylaxis only, not for cures). Sherpa men say that the \textit{lu} has a particularly close relationship with women (and is indeed closely associated with fertility). At Losar, (the Sherpa new year festival and the beginning of spring, when \textit{lu} emerge from their underground sleep), an offering ritual (\textit{kurim}) is performed by women at springs, to placate the \textit{lu} who inhabit them and ensure the purity of the water. (Note that the collection of water is generally women's work). Three stones are placed on top of each other, then butter is striped along them, then a fire is built and butter and incense offerings are burned. This ritual is the only one I observed at which only women (and no religious officiants) were present. It was, however, also remarkable by the fact that no mantras were recited or texts read (because, according to the men, "women don't know these").

Sherpas are particularly afraid of the \textit{lu} which inhabit the lowlands, fearing that they have no control over them. This fear was reinforced by the recent death in Kathmandu of the child of a well-known and wealthy Sherpa sirdar. The child fell off the roof of the family home while flying a kite, because the \textit{lu} of the house had not been correctly identified and propitiated. The alleged appearance of a \textit{naga} near the village of Char Ghare in the Kathmandu Valley in late 1983 (Draper 1986) provoked considerable interest among the Sherpa community in Kathmandu.
The ambivalence which Sherpas feel about lu derives, in part, from the myths surrounding them. In one such myth - variants of which appear elsewhere in Nepal (Draper 1986) - a farmer accidentally killed a lu and her children while he was planting potatoes. In revenge, the lu killed the farmer and all his family, except for a little girl who had been watching from a nearby hill. Understanding the grief of the lu as a mother, the little girl begged Sangye Chumdende not to punish the lu. Moved by the girl's compassion, Sangye Chumdende sent Lama Sangye Dorje down to the underworld, the realm of the lu, to invite it up to the high realm of the gods. At first the lu said no, because the realms were separate. Then Sangye Chumdende sent down Chakyung Gelu (a bird) who flapped its wings, causing the water covering the land to dry up, and thus leaving the lu exposed. Rather than punish the lu, Sangye Chumdende gave it powers to assist the girl if she and her family refrained, in future, from violence and the disrespectful desecration of its environment. Moved by the compassion of both the girl and Sangye Chumdende, the lu brought the girl's family back to life and agreed to mediate between the low and high realms.

The laity readily acknowledge that they have never 'seen' a lu, or other supernaturals, but explain this in terms of their ignorance, their pollution, and thus, their lack of nga or spiritual power, which would make them visible. (This is why the alleged appearance of a nga to the public in Kathmandu caused such interest!) That is, for the laity, as a whole, there is no doubt as to the lu's 'reality'. At least two high lamas, however, did acknowledge some awareness of the notion that lu in particular - but also supernaturals in general - serve as projections of the human psyche.

Now, this question of the ontological status of lu and other supernaturals is important. If human actions, emotions and failings were considered directly responsible for the conflicts and suffering they produce, their identification and management would be highly threatening to all involved (thus limiting the role of healers who identify such causes). With the existence of the category of supernaturals, however, the cause-effect relation is depersonalised (and, simultaneously, the causes of sickness are depoliticised). An individual's actions have an effect on a supernatural, rather than directly on another individual, and thus it is supernaturals who must be propitiated rather than other individuals. Not only does this defuse social tensions and mask their structural causes, it also provides a readily assimilable alternative explanation for sickness (and one which the laity, by definition, cannot control). That is, while some high lamas are prepared to acknowledge that the 'reality' of supernaturals is problematic, their continued 'existence' is fundamental to the maintenance of social order, and thus their own status and role within the
community. The laity depends on healers and the religious elite because the supernaturals are real, but inaccessible.

While on this subject, the notion of *gyaptok* (or background force "pushing" *pem, tuk* etc.) was explained to me by one self-titled "English-speaking lama"(!) in Solu as a person's "unconsciousness". That is, behind every intention to do, say or think 'good' or 'high' things, there is a natural 'unconscious' tendency to do 'evil' or 'low' things, and in fact this tendency is more likely to come to the fore - because we are ignorant of it - just when we intend to do good. Thus we are jealous when a relative has a baby, and we poison a neighbour who has come to help build our house. However, this interpretation was not shared by others. One person commented:

"...how can we say that the *gyaptok* is not real when the whole point of the *gyaptok* is that we don't know it is there making us do what we do. We must go to the *lhawa-minung* to find this out. Then he shows us which *gyaptok* has made us sick and he sends it away and we get better".

Many Sherpas have suggested to me that as long as *lu* continue to exist there will always be a need for *lhawa-minung*. (One friend also suggested that as long as *lhawa-minung* exist, the Sherpas will always be afraid of *lu*!).

One case involving a *lu*, and which reveals much about the complexity of Sherpa concepts of causation, concerns a close neighbour, D:

D's husband had previously died from a fall near the river, suspected to have been caused by a *lu*. Subsequently, D also fell near the river, fracturing her hip and causing her to be bedridden for months. Because the injury took so long to heal, a number of healers were called in to divine other possible causes, and a *minung* divined that her deceased husband's *nerpa* was causing trouble, as well as the *lu*. D and her husband had been noted for their conflicts while he was alive, and D was loath to propitiate her husband's *nerpa*. Then, a young and highly-educated man, who had previously expressed to me some cynicism about the reality of supernaturals, claimed to have encountered a *shrendi* (spirit) at the river one night while he was returning to his home. The *shrendi*, believed to be linked to the *lu*, had attempted to pull him into the river, and he was, in fact, found with his feet in the river, crying and mumbling incoherently. He remained 'sick' for some two weeks, though without any other apparent symptoms. Towards the end of my fieldwork, I noticed that an entrepreneur had established a teashop halfway up the mountain rather than down at the river - where business would have been brisker - for fear of what was, in his view, clearly a capricious and dangerous *lu*. Meanwhile, D's hip continued to give her pain and she suspected that the same or another *lu* was causing trouble because of her refusal to propitiate her husband's *nerpa*. As she explained it, "some *lu* are clever and go when they are supposed to, but others are ignorant and obstinate and keep hanging around and causing trouble, like people". A *minung* was called to divine the identity of, and propitiate, the *lu*. Subsequently, D commissioned a lama to perform a *tseong* (life empowerment ritual). Although her hip continued to give her trouble, she was satisfied that the causes had finally been adequately dealt with, and she came to me for aspirin
to relieve her pain.

LHA.

While the *tha* (high gods) are more remote than other supernaturals, they nevertheless can cause serious sickness. This might occur, for instance, where a *lhachetu* (regular worship of the *tha*) is not performed, or not performed correctly; where *tha* have been neglected or offended in some other way (such as the consumption of inappropriate foods near to sacred places or the cutting of wood too close to a sacred forest), or where *tip* (pollution) has been contracted. The following case demonstrates how a combination of such factors can cause sickness, and the difficulty of achieving an effective cure:

L.T. is a well-educated 33 year old male. One day his two year old son suddenly stopped eating, and L.T.'s mother-in-law demanded that a *minung* be called, rather than the *omji* that L.T. had advised. The *minung* divined that the *tha* were angry, both because L.T. and his wife had eaten *meat* at the *gonda* with a monk, (L.T. used this as evidence of the *minung's* ability to divine social causes supernaturally) and because L.T. had not correctly performed a *lhachetu* (because I had taken photographs of the ritual - none of the photos turned out!). Afraid that any other therapeutic activity would complicate the situation, L.T. did nothing for several days until he had the opportunity to perform the *lhachetu* again. By this time his son was vomiting and had severe diarrhoea. L.T.'s mother-in-law refused to feed the baby fluids, in an attempt to "dry the baby". The boy, of course, grew weaker, until I finally intervened. The oral rehydration salts that I offered were not given to the baby, however, until a lama had given the child *chilep* (spiritual 'medicines' empowered by high lamas) and determined that the *tha* were now happy. The baby survived, but subsequent, milder attacks of diarrhoea were left untreated, because the gods were considered to be still happy. At no stage was the baby taken to the village health centre, despite L.T.'s knowledge of, and professed faith in, allopathic medicine.

The *tha* are perhaps the 'highest' of the supernaturals causing sickness. One *minung* suggested to me that *tha* are more likely to cause problems for - and be worshipped by - the elderly, who are shedding their worldly attachments and preparing for death and rebirth through higher spiritual activity. For this reason, a number of *lhawa-minung* claim not to have much knowledge about *tha*, and refer cases involving *tha* to the lamas and monks. Unlike the *shrendi* and other supernaturals who are greedy and have an insatiable craving for 'low' offerings of food and drink, *tha* must be propitiated with relatively 'high' offerings such as incense and text recitations.

A number of Sherpas commented to me that the relationship between the *tha* and humanity has been weakened in recent years by the increasing number of expeditions on sacred mountains inhabited by the *tha*, by increasing materialism, decreasing ritual worship of the *tha*, and by the increasing negativity and pollution within the universe more generally. It would appear also that the increasing control by monks
and high lamas over relations with the lha since the introduction of monasticism has rendered them less accessible to the laity as well. (However, one monk with whom I discussed this, refuted this suggestion, explaining instead that the lha must let go of humanity, just as parents must let go of their children, and as those following a religious life must let go of their worldly concerns and attachments.) The lha are perhaps declining in significance as a cause of sickness, as they become 'higher' and more transcendental in nature and function, and become more the province of the religious elite.

DUI - see Chapter 5.

SHRENDI

The generic term shrendi - often used in day-to-day lay discourse to indicate any supernatural causative agent - refers more precisely, as I understand it, to the spirit (or soul?) of a sentient being which has never been incarnated in human form. There is some disagreement, however, as to the precise relationship between shrendi (non-life spirit?) and sondi (life-spirit?) - the terms are sometimes confused in conversation. Whatever the case, the shrendi is destined to roam the earth, indiscriminately causing harm, particularly to babies and young children. Babies are especially susceptible to shrendi at night, and for this reason, parents are loath to take babies outside at that time. Women with complications during childbirth have been known to climb over the top of mountains to get to the hospital rather than take the paths known to be frequented by the shrendi. An attack by a shrendi will sometimes cause dipshing gyeup (literally 'vision blocked'), resulting in the inability to see or find things.

The Sherpas have a variety of methods for warding off the attacks of shrendi. Because they are believed to have stiff backs (like some ethnographers!) Sherpas traditionally made their doorways low, to discourage shrendi from entering their homes (and to embarrass ethnographers?). During healing rituals, which are considered to attract shrendi, a black soot mark is often made on the faces of participants to ward off shrendi (see my description of the srine in Chapter 5). When visiting someone who is sick, or otherwise more susceptible to shrendi attack, it is important to "cut the path" behind one by drawing a line across the path with one’s foot, so that the shrendi cannot follow. If someone is particularly sick, three stones will be placed outside the door and "the door will be closed to friends" (dulchi dom bipu) - the only time this will occur - in order to prevent shrendi from coming inside. Mantras are often recited as a means of warding off shrendi, particularly at times of funerals, eclipses, and other strange events. Sherpas often refer to the supernaturals of Hindu communities at lower altitudes as shrendi, and are very
SHRENDI

Gala (King of Shrendi)

To stop Shrendi from returning—also used for dulhacious

Thak (to cut through negativity & obstructions)

Zane

Changou

Thak
afraid of them. Indeed, travel to Kathmandu is avoided when it is suspected that one is, or is becoming, sick, because the low altitude shrendi are considered to be particularly attracted to the Sherpas' lack of protection when away from home. Occasionally a Sherpa will wear an amulet containing sacred objects empowered by a high lama, as protection when travelling. Sacred, empowered threads given by high monks and lamas as a form of blessing and worn round the neck, also serve as a protection against shrendi.

NERPA.

Nerpa are the spirits of deceased humans who have been unable to detach themselves from the material world (because of greed, or violent death, or an inadequate funeral, or the influence of demons) and thus are prevented from being reborn in material form. There appears to be some confusion (or is it mine?!?) between shimbu nerpa and the nerpa, the former perhaps being best glossed as 'non-life' nerpa, and the latter as 'life' nerpa, but rarely is this distinction used in discourse. Nerpa often attack relatives, causing forms of sickness which reflect - and serve to communicate to the living - either the nature of their death (if this is unknown but presumed violent) or the nature of their present circumstances (if the living appear to be unconcerned about these). This can be seen in the case of A.K., an elderly widow from the village of Phortse:

Many years ago, A.K.'s uncle had died while alone up in the yersa (summer pastures), looking after the yaks. Recently, A.K.'s youngest daughter had gone to collect wood at the same yersa. When she returned, A.K. had lost her voice and developed stomach pains, and she immediately suspected a nerpa attack (though her son-in-law felt that it might have had something to do with her drinking and singing too much at a recent party!) A minung was called. After a number of glasses of chang he divined the identity of the nerpa as being that of A.K.'s uncle. The nerpa, being upset that A.K. had not made adequate offerings to it, had attached itself to her daughter in order to inform A.K. of its displeasure. After consuming a series of offerings of food and drink, the nerpa, through the minung, instructed A.K.'s son-in-law to return to the yersa and make proper offerings there. The son-in-law agreed, and A.K. was better by the next morning.

Being attacked by a nerpa is not necessarily a permanent affliction, but the sicknesses they cause are generally taken very seriously, especially where the deceased's death was violent or prolonged, or premature. In such cases a high lama is sometimes required to propitiate them satisfactorily. On a number of occasions, monk friends commented to me that nerpa cannot attack those whose souls are pure and free of demonic influence (indeed, cases among monks of sickness caused by nerpa are very rare). And at least one lama acknowledged that nerpa may not be 'real'. Nevertheless, even young and well-educated lay Sherpas maintain a healthy respect for nerpa, and with good reason, as the following case shows:

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A.G. is a well-educated, well-respected and successful owner/manager of a trekking company, based in Kathmandu. While visiting his family in the Khumbu, he awoke one night with something pulling at his leg (so he said, in English, straight-faced, to the ever patient ethnographer). He pushed it away, but it would not let go. Suddenly, his wife awoke, screaming that something was pulling at her leg. They both then saw a tall figure standing in the middle of the room, but when they turned on a lamp, there was no one in the still-locked room. Later that night, the same thing happened, and A.G.'s wife began to shake uncontrollably. By morning, both were violently ill. The two highest lamas in the village were consulted. After "reading books" they divined that the lha were angry with A.G. for not making adequate offering at the dumji ritual. A.G., however, suspected that the figure in the room was his recently-deceased uncle's nerpa who had returned because A.G. had not propitiated it. As A.G. commented rather ruefully, "- - - the nerpa are hard. Even we who don't believe in them are attacked by them."

**Pem.**

*Pem*, which von Furer-Haimendorf (1964) and others have glossed as witchcraft, is, in fact, different from witchcraft in significant respects. I have defined *pem* (Draper 1989) as the unconscious projection of negativity (such as envy (*thalok*), sexual jealousy (*mizer*), greed (*jikten*) and pride (*cheshetup*), all of which are 'low' emotions and strongly proscribed) on to one's neighbours and kin (that is, those with whom one is inevitably closely linked in the network of social relations). What is important here is that *pem* is more likely to occur between equals - and is considered to be stronger when projected onto equals - than between unequals and non-Sherpas. That is, increasing proximity makes relations increasingly problematic. For this reason, the religious elite are considered less susceptible to *pem*, and thus are said to be sick less often.

Anyone is capable of projecting *pem*, although it is felt that men are far less likely to project *pem* than are women. (There is a Sherpa saying: "out of 100 women only 1 will be free of *pem*, but out of 100 men only 1 will be *pem*".) Elderly, poor, single or widowed women are considered particularly likely to project *pem*. A male *pem*, however, is considered to be a much more dangerous and powerful form.

There is much more variation in perception as to the precise ontological status of *pem*. Some Sherpas say that it is part of the body, while others classify it as a spirit, along with *nerpa*. This ambiguous status, straddling the life and non-life realms, gives it both its power and its reputation for capriciousness. *Pem* is considered to be very active at times of childbirth, because of the ambiguous status of the newly emerging child. This is partly why childbirth is such a private and problematic affair, and why there
are no traditional midwife roles. However, the potential for pem is present in all social interactions, for all interactions are, as we have seen, at least partially ambiguous and problematic.

Symptoms resulting from pem include stomach and head pains which, in severe cases, might lead to fevers, convulsions, and, finally, death. This is more common in cases where the causes involve a combination of pem and nerpa (that is, life and non-life causes.) It is relatively common for a pem attack to result in dulchi dambup (that is, 'closing the door to friends') to avoid attracting other pem or allowing the pem to attack others.

**LHALAROU**

The existence of sorcery (lhalarou and its related forms) among the Sherpas has been virtually ignored in the ethnography. One reason, perhaps, is that Sherpas do not readily admit to its existence (or that of tuk - that is, poisoning) to outsiders. Indeed, during the first half of my fieldwork, virtually all Sherpas I spoke to denied that sorcery was performed in the Khumbu (while talking much of its existence elsewhere in Nepal!) The monastic establishment strongly disapproves of the practice, which is subject also to severe social punishment, including exile. The reason for this is that sorcery is considered a voluntary act (and thus very different from tuk and pem) and involves a more extreme, selfish form of anger. One of the most famous purveyors (and diviners) of sorcery is a Khamba (Tibetan immigrant) minung. He is so feared that "he does not need to lock his house" (unlike other Sherpas) and does not seem to have any problem making friends. (His activities, however, do not raise his status.) Sometimes Hindu dhami-jankhri (shamanic healers) are employed to perform sorcery, partly to make more difficult the tracing of those who commission sorcery.

One means of performing sorcery is to write on a piece of paper the name of one's intended victim, or to take a piece of their hair and place it into the lokpar torma (effigy of low supernaturals designed to attract and embody them, to facilitate control over them). This effigy is thrown into the fire during public kurim (exorcism) rituals, such as damji (see chapter 5). One condition which is said to derive from sorcery is thak keup (the sudden vomiting of large amounts of blood). Death is often the result of such conditions. The concept of nganga (‘magic’) is sometimes used interchangeably with lhalarou, but is considered to come from "India". Moneyoup (‘love magic’) is known to some Sherpas but is rarely used. Indeed, any conscious, intentional use by the laity, of supernatural forms of power is strongly discouraged, and it is generally believed that such use will only provoke the wrath of the lha (high gods). The power derived
from the lha - although not directly accessible to the laity - is considered to override the power they might access through such activities as sorcery and magic. Only the lamas have the authority to empower objects magically (nganga tungup). The concept of alchemy (mindul) is really familiar only to high lamas and Tibetan amjîs, and no Sherpa layperson is considered ever to have had this power.

**TIP**

The notion of *tip*, or 'pollution', and the related notion of *tsokpa* is pervasive to both the social structure (see chapter 2) and to concepts of causation of sickness. In essence, *tip* arises from a disturbance to the sacred, hierarchical structure of all things. Sources of *tip* thus include drinking from the same cup as a *khamendeu* (someone significantly lower in the social hierarchy - this might cause *chokpa shurup*); the pollution of hearths with rubbish and other low substances; carrying, touching or even seeing a dead body; being present during the birth of a child; or visiting the site of an old house. That is, *tip* occurs particularly where 'low' phenomena interfere with the hierarchy of relations within the cosmos. For this reason, *tip* does NOT arise from drinking from the same cup as a high person, from throwing sacred objects into a hearth, or from visiting the site of a house belonging to a high deceased lama, and so on. In fact, such actions are a source of merit.

Some Sherpas classify *tip* which has arisen from social actions, as *gyukto*, to differentiate it from *tip* arising from religious transgressions. Other Sherpas, however, deny that *tip* can be caused by social transgressions, saying that these have very different consequences. Nevertheless, most Sherpas express a real fear that sickness may result from entertaining *khamendeu* or other low status persons in one's house. The rise in employment of low caste *rongpas* (lowlanders) as ploughmen, carpenters and domestic servants - particularly by the Sherpas of Namche and Khumjung-Kunde - is a cause of concern to many Thame villagers, and is often cited as a reason for the increasing incidence of sickness. When such *rongpas* are entertained in Sherpa homes they are sometimes required to sleep downstairs with the animals and their bedding is afterwards cleaned and aired to avoid *tip*.

The most common treatment for *tip* is *tu* (holy water) and *sang* (incense) empowered (and, if possible, administered) by high lamas. (Note that while incense is purifying, other forms of smoke, including cigarettes, are considered polluting - an effective constraint on smoking in the Khumbu.) *Lhawa-minung* are rarely consulted in cases of suspected *tip* because their relatively low status may complicate the condition, and because *tip* may involve the loss of *tse* or life-force, something which only the religious
elite can deal with. In fact, lhawa-minung, and even some 'low' monks, are often employed to carry corpses at funerals, to ensure that high monks and lamas are not polluted. (This applies, however, only in the case of funerals of laypersons or low monks - the bodies of high lamas and monks are a source of spiritual power and healing.)

Susceptibility to tip appears to be partly hereditary. One friend’s monk brother refuses to assist with cremations at all because of his extraordinary susceptibility to tip from corpses. This manifests in a debilitating eye condition (miktsa) which affects his capacity to read texts, central to his livelihood as a monk. My friend himself also claims to be particularly susceptible to tip from corpses, as the following case study shows:

L.T. was with me in Kathmandu when he contracted a sudden and severe case of miktsa (eyesore). Although there was little sign of infection, his eyes were extremely red and swollen and he complained of dizziness, double vision and headaches. His ‘grandfather’, who occasionally served as a banzin lama, divined that the eyesore was not caused by a lu, as at first thought, but rather by tip, resulting from contact with a corpse. (We subsequently heard that a Hindu resident in the same building had died that day!) Three kinds of purifying incenses empowered by a high Kathmandu lama were wafted in front of his eyes, and he was instructed to stop taking the ointment I had given him. In two days he was cured!

NAMDOK.

Perhaps the most obvious translation for the Sherpa concept of namdok is "taboo". However, namdok refers also to activities, phenomena and events that are inauspicious. The first namdok I encountered was talking about the deceased and the circumstances of their deaths (which might attract their spirits and cause sickness. This, of course, proved to be a significant difficulty in my research, one with which I never really came to terms.) Other namdok include whistling inside a house and fighting inside a house (both of which upset the resident lu and thus cause sickness), and drinking from or offering drink in a cracked cup (which is both an insult, thus risking an attack of pem, and a possible cause of chokpa shurup).

SRI.

One of the lowest and most powerful shrendi I encountered was the sri (see Chapter 5). The sri is considered responsible for the many cases of death among newborn children, particularly the first child, and attacks all subsequent generations of first-born children until it has been satisfactorily propitiated. (Note, however, that a number of Sherpas I spoke with had not heard of the specific connection between
SRI and first-born children, feeling only that the SRI attacked the particularly weak and unlucky). Because the SRI is so low and capricious, only the highest lamas know the details about them, and are able to deal with them. Even these lamas, however, could not (or chose not to) elaborate on the reasons for a SRI attack, other than to say that because it is so low, it must strive constantly to raise itself, and can do so only by "pulling itself up" on low beings (while high beings are out of its reach). Whatever the case, because it is so low, it creates havoc when it enters the relatively high human realm. An elaborate and expensive KURIM (exorcism) is required to "put the SRI down". The Kurim must be performed very carefully, or it may result only in angering the SRI and causing further deaths.

Some educated young people today claim not to believe in supernaturals, especially DUI, which they say are "just in the mind". And yet I have never witnessed anyone - including such young people - consciously act in a way which is known to provoke DUI, and very few would fail to take precautionary protective measures when facing a situation in which a supernatural might be encountered.

As one Sherpa friend explained to me, "...if you are educated you know that there is a scientific reason for sickness. You have to know that if you want to pass at school. But if you are Sherpa you also know that the gods get angry. I am educated, but I am also Sherpa."

7.4 Conditions.

TUK.

One of the most common and most significant conditions experienced by Sherpas is TUK, or poisoning. Many of the episodes of sicknesses occurring in Thame while I was there were diagnosed as TUK, and a number of informants suggested that the percentage would be even greater in Pangboche and Phortse, and in villages lower down in the Pharak area. (Thame people are particularly fearful that the "chang is no good" in Chaunrikarkha, Karte, and Karikhola). My estimate is that perhaps 1 in 4 Sherpas in the Thame valley have been considered poisoned at some time in their lives. At one work co-operative group (LAMIN) I participated in, 4 of the 9 other participants had been poisoned previously (causing some difficulty for the host, who was required to serve each participant different food according to what he had previously been poisoned with.)

Poisoners are considered to be almost always women. This is explained (justified?) - by men - as being the result of women's frustrations with life, and, in particular, their 'natural' tendency to greed and
jealousy (manifest also in their tendency to give pem). Husbands and other family members are not considered to be responsible for a woman's poisoning activities, but do lose social status, the trust of the community, and the important privilege of having their hospitality accepted. This means that they are not allowed to serve as lawa (hosts) at community festivals or to receive assistance with the holding of funerals or organising of other work co-operative groups. This of course is a major problem. Husbands will be very angry if their wives are discovered - or even accused - of being poisoners, and this serves as a significant disincentive to potential poisoners.

Nevertheless, poisoners are found in every village and virtually every hamlet (there are at least two poisoners in Thame Teng, according to residents of Thame Ong.) A poisoner's motivation is generally said to be the opportunity which poisoning brings for the transfer of their victim's wealth and luck to themselves (though no Sherpa was able to explain to me how such transference might occur). At first, such motivations are generally thought to be unconscious, and the poisoner is not considered able to control her/his purchase of poison. Subsequently, however, the poisoning becomes a more conscious activity, though more a kind of addiction, and very rarely voluntary as such. Most Sherpas agree that the incidence of tuk is increasing as a result of increasing strains on social relations (and on women's roles and responsibilities in particular).

Poison is readily available in the Khumbu, from Sherpas and from at least one Tibetan minung, and in particular from rongpas (that is, down-valley traders.) Those Sherpas who entertain "Indians" are regarded with particular suspicion. The rise in incidence of sickness after market day is often attributed not to alcohol (of which there is plenty), or the sharing of cups and utensils, but rather to poison brought up by lowland traders. Once poison has been purchased, it cannot be returned or thrown away, or left unused, because it will "cry" like a mouse (thereby revealing who possesses it) until it has been administered. This is especially the case on certain days when it is more active (that is, Tuesdays, Thursdays, and Saturdays) and when it is possessed by women ("because women cry more than men"). Poison can only be purchased for cash - if it is stolen, or received as a gift, it will "cry" and not be effective. For this reason, the only way of getting rid of one's poison (other than administering it to a victim) is to sell it for cash. If one can control it, poison might be administered to an animal, or even oneself, rather than to another person, and antidotes are readily available for just such situations.
Often, relatives or friends/neighbours - with whom the poisoner is more likely to come into contact when the poison is "crying" - are the victims. This was the case, for example, with A.P., who contracted tuk through food served to him in return for participating in a work co-operative group (lamin) organised by a distant relative in a neighbouring hamlet. Such cases are often simply dismissed as bad luck, rather than seen as the result of malicious intent. In fact, the greater one's luck, the less susceptible one is to tuk. There is also some suggestion that one's sonam (religious merit) will influence one's susceptibility. Lamas and monks have been known to be poisoned, but this is very rare, and is explained in terms of the poison being "scared" of such relatively high personages, rather than any wilful anger. Occasionally, an outsider - including Westerners - are said to have been poisoned, and my research assistant often expressed real fear when I accepted hospitality in certain households.

While I was in the Khumbu, one of the hospital's village health workers (herself a trained nurse) claimed to have been poisoned and sought the assistance of the Rimpoché at Tengboche rather than the Western doctors at the hospital. The doctors were understandably somewhat annoyed at this, fearing that she would set a bad example. The doctors diagnose many cases of tuk as simply "acute abdomen", including ruptured appendixes, ulcers, abscesses with secondary ascites, and partial bowel obstructions. However, the health worker refused to be examined by the doctors, explaining that she well knew what the difference was between tuk and "acute abdomen", and the dangers of inappropriate treatment of either. A case of someone who almost did pay a price for not taking tuk seriously was a young, educated successful Everest summitteer, who intentionally drank chang at a "hotel" renowned for poisoning. He had to be carried home and, by his own account, very nearly died.

There are many different kinds and strengths of tuk, taking different lengths of time to work, and affecting different victims (or the same victim) in different ways. Although the unconscious motivation is supposedly the death of the victim, the degree of conscious intention is sometimes said to temper the effects of the poison. That is, the more conscious intent there is behind one's actions, the more impact they are likely to have. Powdered forms of tuk are sometimes administered by placing the powder under one's thumbnail and dropping it into another's cup or plate when offering him food or drink (usually only in 'low' foods.) For this reason, anyone even vaguely suspected of being a poisoner should serve chang and food with the hand underneath the cup/plate. When someone has been poisoned once, he or she is likely never again to eat or drink the substance by which they are poisoned, for fear that the symptoms will recur.
Cases of tuk are generally referred to amjis (Tibetan doctors) rather than to lamas, monks or lhawa-minung. Sherpas say that, in the past, Western doctors have told them that tuk "is not true", and therefore Sherpas rarely seek their help if tuk is suspected. Cases are almost never referred to the local police (lowlander Nepalis) because of the notion that the poisoner is not really responsible for the act, and because police interference merely makes the poison cry more and create further trouble all round. The Sherpas are "embarrassed" (ngwotsa) about the prevalence of poisoning in their community and thus are very hesitant to seek help from - or even discuss the issue with - other outsiders. (As far as I am aware, the phenomenon of tuk has not been explored in any detail by any ethnographer, despite its prevalence and impact on social relations.)

Some Sherpas say that the trouble with going to a lhawa-minung for cases of tuk is that they are likely to reveal the identity of the poisoner and thus cause unnecessary recriminations, both for the victim(s) and the lhawa-minung themselves. (Many Sherpas claim not to know the identity of poisoners, even though they are diligent about avoiding certain households!) At the same time, many Sherpas would agree that tuk only becomes active through the supernatural agency of gyaaptak (literally, a "behind" force, sometimes classified as a kind of shrengdi.) It is this gyaaptak which forces the purchaser to buy and administer tuk in the first place, and which cries if it is thrown away or not administered. For this reason, some Sherpas do first go to a lhawa-minung for him to divine and exorcise the gyaaptak (the "cause" of the tuk) before going to an amji for treatment of the symptoms and to effect a cure. (Other Sherpas, however, and the amjis themselves, deny the existence of gyaaptak. The lhawa-minung say this is because the amji does not know how to deal with the gyaaptak.)

Perhaps the most obvious explanation for why amjis are primarily responsible for the treatment of tuk is that it is considered to be a substance, and thus requires medicinal antidotes (whether a gyaaptak is considered to be also involved or not.) Amjis distinguish between tsentuk (plant based), jertuk (animal product based), and yetuk (mineral based). Tsentuk (from the weed tsen) is considered to be the most dangerous (it is said that it can kill within 1 hour) and it was the most common form of tuk in the past. Many sheep, goats and even yaks are said to have died from eating tsen. The most common treatment is an antidote made from a mixture of herbs including the tsen weed itself. (These and other antidotes are made solely by amjis.) Another treatment is to induce vomiting in the victim by feeding him/her dog faeces.
Jertuk is made by placing a snake, lizard and frog in a bottle or jar, drying the remains of the survivor, and forming this into a powder. A more powerful kind (jantuk) is made from the butterfly, causing the tuk to be slippery. The treatment for jantuk requires putting the patient upside down after administering the antidote, so that it does not just slip through. Because jertuk (which is made primarily by rongpas) requires longer to take effect, its source is less easily identifiable, and hence it is perhaps the most popular form of tuk.

Yetuk is made from a combination of such metals as gold, silver and copper. If chang is left for too long in a silver cup it is said to become yetuk (hence the importance of regularly propitiating the gods with fresh chang at family altars to avoid their wrath.) The increasing emphasis on hygiene today, and the decreasing access to metals as a result of the declining trade with Tibet and sales of handicrafts to tourists, is said to have reduced the prevalence of this form of tuk.

There are two known home remedies for tuk - ngalding jalding and posum - but these are not considered to be as powerful as the amji's remedies and are rarely used. The two most common antidotes available through amjis are both plant-based, with one 'high' (tsentuk) and the other 'low' (pongmar). The latter is cheaper and more readily available, but it is also less effective. It is believed that only amjis have the knowledge and training to prepare and administer such antidotes effectively, and they are not allowed, (they say), to share this knowledge with anyone.

One case of suspected tuk, which reveals something of the "darker" side of sociopolitical dynamics within the Sherpa community, is that of D.T.:

D.T. was the 23 year old, fairly well-educated son of a poor farmer who disappeared one day on the way home from the market. After his father's shetu (funeral), D.T. began to fight with his mother and brothers, until eventually his mother called in the police from Namche to restrain him and take him away (a most uncommon thing for a Sherpa mother to do.) A number of people commented (privately) that his behaviour might be caused by his father's nerpa, as the two had had fights on a number of occasions while he was alive. Several days after returning home, D.T. suddenly drank a whole container of water ("a very strange illness") and, before going into convulsions, began yelling that he had been poisoned. Frothing at the mouth, "turning green and yellow", he finally died. While some people said that he had poisoned himself, and others felt that he may have been attacked by his father's nerpa, many suspected that his mother or brothers had poisoned him. (One person left written messages to this effect on the roads leading out of his village, to warn others.) To avoid complications arising from police investigations, however, his body was cremated immediately. The general feeling was that while poisoning should in no sense be condoned, it is perhaps preferable to other forms of 'murder', partly because of the diminished
responsibility it implies, and thus fewer sociopolitical traumas and consequences. His mother still
has "good relations" with her neighbours "because dead is dead". Nevertheless, some care will be
exercised for some time to come, by those visiting her household.

An accusation of poisoning is a very serious matter. It can be a very effective means of causing trouble,
and even the hospitality of a relative or close friend will be refused until it is proven true or false. If
false, however, the accuser will be publicly denounced as a rumour-monger and untrustworthy, which
is about as harsh a sanction as Sherpa society has to offer.

**PANG.**

One of the more elusive conditions which Sherpa women suffer from is *pang*. Some doctors have glossed
this condition as postnatal depression but others consider it to have an actual pathology (for example,
E.Buswell, personal communication). *Pang* occurs almost exclusively in women who have recently given
birth, or who have contracted the condition previously in their lives. It is more common among women
who are wealthy, have more than one husband, or who have had bad relations with their husband(s), are
older than their husband(s), are widowed, and/or have a large number of children. (In one case, two
women with two husbands each, all brothers, contracted *pang.* ) In 1971, Lang and Lang recorded that
7 cases of *pang* came to the attention of the hospital (and, in two of these, iron deficiency was noted.)

Some Sherpas say that *pang* is a hereditary condition, and in fact, in nearly all the cases I encountered
in Thame, this was so. However, most Sherpas say also that *pang* derives from felt deprivation and in
particular from not receiving adequate care and good food from one’s husband during the final stages of
pregnancy. Indeed, it can be treated most successfully by the provision of high status, high protein foods
(for example, eggs, milk and meat) and care (for example, quiet, rest, sufficient warmth, etc.. Other
explanations for *pang*, however, include an excess of *lung* (literally, ‘wind’) in the blood. For this reason,
*amjis* claim that *megyoup* (moxibustion) at the apex of the skull can be an effective treatment. Felt
deprivation as a cause of *pang* can be seen in the case of T:

T is the 45 year old wife of a fairly influential (and often absent) trekking sirdar. She began to
complain of *pang*, arising, she said, as the result of her husband’s (presumed) infidelity. (She
claimed to have had two attacks of *pang* earlier in life, but no attacks in the previous 10 years).
The woman refused to go to the hospital, but demanded, instead, that the doctors visit her at home.
Finding no obvious signs of a pathology, the doctor gave her an injection of distilled water, and
the woman subsequently made a complete and rapid recovery.

Such cases are, however, rare. I encountered a number of cases of women who, according to others, might
be suffering from *pang*, but who continued their heavy round of domestic responsibilities nevertheless.
Very few sufferers were prepared actually to tell me that their suffering was caused by inattention from their husbands.

SHYO.
The Sherpas suffer from a variety of skin diseases, one of the most common of which is shyo. This condition is believed to be caused by lu and manifests in small round pustules all over the body (particularly around the buttocks) and in swollen lymph glands. Because it is caused by lu it is not considered to be contagious, while scabies (kwong) is considered to be highly contagious. (From a biomedical perspective, shyo would appear to be just as contagious as kwong.) One Japanese sufferer I met, complained that in every 3 Japanese trekkers has shyo. His own case was cured, he claimed, by a female Sherpa minung who divined the identity of the lu by rosary, propitiated it with butter on the fire and the recitation of mantras, and then satisfied that the cause had been appropriately dealt with prescribed local antibiotics from the Hospital for the symptoms!

MENTAL ILLNESS.
Psychological disorders are rarely recognised - or, at least, defined - as such by the Sherpas. (The term nyumbu, or 'crazy', is rarely applied to a condition as such.) Nevertheless, they appear to be fairly common. In fact, I collected information on 12 cases, and Lang and Lang in 1971 recorded 16 cases of what they called anxiety neurosis (12 of which were among women). In 1985-86 the Hospital encountered 4 cases diagnosed as 'psychosis' (all among young women) and 3 cases diagnosed as severe depression (all among older women). These disorders manifest in a variety of symptoms, ranging from aggressive antisocial behaviour, to agrophobia, to wanting to run away, to "shoulder pain" (rutuk nap). On the whole, these disorders are not considered to be particularly serious, and mild sufferers are reasonably well tolerated. However, it is felt that these disorders can render people more susceptible to other sicknesses and may lead to more "serious" mental illness if the causes are left untreated.

While the major cause of such disorders is often said to be girpa (that is, a hereditary tendency), the Sherpas also say that they can be caused by "too much thinking", particularly on religious matters. [Indeed, the defining feature of true mental illness is, for the Sherpas, an uncontrolled mind. While stress (chak), depression (lodimu mitup), obsessiveness poTok), lack of concentration (nasam tong mesheu),

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paranoia (nong), fear (jiwa), and other minor disorders can contribute to sickness, they are not seen as mental illness as such. Nor incidentally is the calling experience of a lhawa-minung (whose behaviour during such experiences might otherwise appear to be quite psychotic). Of the cases I recorded, two involved monks, two involved highly educated young people, and one involved an elderly lady associated with the Thame gonda.

N.M. is 30 years old, poor and single. He was once a tawa (monk) at Kyerok gonda and was apparently a very bright and motivated student. Suddenly he contracted a kind of sickness (from, in his own words, "too much thinking") and had to leave the gonda. He grew progressively more and more hyperactive and extroverted and became something of a problem for his neighbours. The doctors were finally consulted. They diagnosed T.B. and began a course of treatment, but N.M. did not complete it. (According to N.M. he could not support himself at the Hospital and returned home). Subsequently he became very lethargic and introverted and depressed. He remained this way for over two years, when he suddenly reappeared, as hyperactive and extroverted as ever, and apparently cured of the T.B.

According to the amjis, mental illness can be caused by an excess of lung ('wind') in the blood as the result of anger at not receiving due respect or attention. This excess of lung is one of the contributing factors to a person's "thinking too much" and may also manifest in such associated psychological disorders as shroklung. One treatment for an excess of lung is mgaoup (moxibustion) applied (by amjis only) to the apex of the skull. Some lay Sherpas also commented that a good dosing of chang can help (!) Somewhat surprisingly, however - given the importance of psychiatry within the Tibetan medical tradition in Tibet (see Clifford 1984) - amjis in the Khumbu claim to know very little about mental illness, or how to treat it effectively. (Lhawa-minung completely avoid treating mental illness.) Patients with serious conditions are most commonly referred to the Hospital for "injection", which appears to have been a remarkably effective treatment in a number of cases. Indeed, mental illness is one of the few conditions which most Sherpas agree are well managed by the Hospital!

Unfortunately, there have been a number of cases where mental illness has resulted in significant suffering. In one case a Khamba's second wife became mentally disturbed and "ran away" to Kathmandu. Her husband followed her and put her in a "nyumbu [crazy] jail" where she later died. This appeared to be an unfortunate but ultimately satisfactory resolution in the opinion of many in the community. A number of other cases of mental illness have resulted in suicide (rango srong ri chetup) such as the case of A.Y.: A.Y. was an elderly, poor spinster who had gone to live at the gonda in Thame several years before. Suddenly she began to behave strangely, crying at night, talking to "ghosts", occasionally throwing stones at people, taking firewood in and out of her house several times a day, babbling
incoherently, and sleeping outside the prayer wheel at the gonda rather than in her house. At first her behaviour was a source of some amusement to the monks, but after a week or so, she suddenly burned down her house in the middle of the night, and tried to throw herself into the river. Three monks restrained her, and the next day they brought her down to the village, where the young men gathered (with the women and older men standing in a separate group, watching) to discuss what to do with her. The monks refused to accept further responsibility for her (even though she was accusing them of not taking proper care of her), and no villagers would help her "because we are not her relatives". For the same reason no one offered to take her to the hospital. Finally the police were called in by the ubha pradhan (panchayat representative) and agreed to hold her for one night until a relative could be located. The next day, a man from a nearby village came to take her. Three days later we heard that she had again thrown herself into the river, and this time had drowned. No one blamed the relative, and no one even appeared particularly upset by the news. In fact, during the whole event the villagers' attitude was more one of avoiding responsibility, and even of fear, rather than of compassion and care. She was not given a shetu (funeral) because she had committed suicide, and because she had no assets with which to pay for the funeral, and no relatives willing to foot the bill. Some villagers were concerned that her nerpa might cause trouble in the future, but the monks commented that they were "above the nerpa".

This case occurred fairly early in my fieldwork and was my first (but not last) encounter with the possibility that the mentally ill were not necessarily well understood, tolerated or integrated into Sherpa society, as I had earlier believed.

Some Sherpas say that psychological disorders are a reflection of a loss of tse (life-force). Often, the notion of loss of tse is used interchangeably with the notion of the loss of one's soul (in this case referred to as she), resulting from fright, or from ignorance and grief resulting from over-attachment to the material world. (This condition is sometimes referred to as chhau.) Loss of tse and loss of she are both treated with a tseong (life empowerment) ritual performed by lamas. One internationally famous case of sickness in the Khumbu concerns P.N.:

P.N. is a middle-aged woman from the village of Khumjung who claims to have seen a yeti one day while at her yersa (summer pasture) in Machherma. As a result, her she was "stolen". She lost her voice and her eyesight, became extremely lethargic, contracted rapid breathing (u natang) and shook uncontrollably for days. Finally a lama was called to perform a lali kurim (kind of exorcism) at night, which relieved some of her physical symptoms, followed by a tseong the next morning, which, she claims, relieved her psychological suffering. She has since become wealthy by telling her story to troupes of tourists, writers, and film-makers.

The condition called zakin (akin to epilepsy) is considered by some - but not all - Sherpas to be a kind of psychological disorder. Its many causes include the rainbow spirit za as well as lunar eclipses (opkyal) and full moons (chewa chenga). Animals as well as people suffer from zakin. One dzom (female zopkio)
in Thame was notorious for wreaking havoc and then falling into a shaking fit at the full moon. Other cases, however, are more serious, and there is common agreement that as samen kokpu increases, both the incidence and severity of zakin will increase.

A.N. is a Khamba widow from Thameteng. One day she could not find her sheep up at her yersa in Tamga. Overcome with worry, she is said to have contracted both shroklung and paeng (which she had had a number of times previously) as the result of an excess of lung, and neither ate nor spoke for several days. One morning as she walked out of her house, she suddenly became zakin. Because sufferers of this condition are thought to be the source of considerable tip (pollution), they should not be touched. The appropriate treatment should have been the sprinkling of tu (holy water) on the sufferer, by a lama. A.N.'s daughter, however, was a kuma (female cretin) and being unaware of appropriate treatment, attempted to pick her up and carry her inside. As a result, it is said, the woman died instantly. At her cremation it rained heavily, making the correct performance of her funerary ritual very difficult, and confirming that her sickness was indeed related to za (rainbow spirit).

The Sherpas make a clear distinction between psychological disorders and mental deficiency, the former more likely to derive from the actions of one's ancestors (girpa), while the latter is more likely the product of one's own actions in past lives. Some say that mental deficiency can also be caused by being conceived at midnight, or when one's mother is still asleep! Cretinism is not considered to be a particularly debilitating condition, and most cretins live active and relatively normal lives. Few Sherpas recognise the link between goitre (ba) - which exists among more than a third of Sherpas - and cretinism. Mutes are not considered mentally deficient but are often called kuwa (male cretin) or kuma (female cretin.) Because mental illness is considered to reflect "too much thinking", there is no concept of a link between mental illness and mental deficiency. For this reason the following case has been a cause of much concern:

A.N. is a 40 year old kuwa sheepherder who lives with his widowed mother. He is said never to have been sick in his life until 2 years ago when he was suddenly frightened at the bridge by a shrendi, and became lost (perhaps a case of chhau). When eventually found (hiding under the grass in the grass shed) he beat his mother and then fell into a state of catatonia. A lhawa divined that the cause of his sickness was the nerpa of the udha pradhan's father, who had long ago committed suicide by jumping into the river at the bridge. (It is said that he was not depressed or otherwise disturbed at the time) but rather that he was called by a shrendi. The lhawa was unable to contact the nerpa however, and the symptoms continued. A minung was then called. He divined the same cause as the lhawa, but - because the minung had been closer to the nerpa's human embodiment during its life - was able to contact and propitiate it. As a result, A.N. "woke up", with his pain cured. However, he continued to refuse to eat, and beat his mother and sister when they attempted to feed him. One day he became angry with the tailor, broke his sewing machine, and then went on a minor rampage through the village. The Nepali police attempted to arrest him but gave up when he began throwing stones at them. The rest of the village were not prepared to take any action or take him to hospital for an "injection", because he was a kuwa, and thus they were uncertain as to the causes of his behaviour. He continues to herd his sheep but, as he becomes very aggressive when anyone goes near him, he is left alone.
Psychological disorders are also sometimes felt to ensue from transgressions of social rules. One case of this is that of D.T.:

D.T. is a 37 year old farmer and petty trader without any formal education. He is single, is rather poor, and lives by himself because he has "bad relations" with his brother. One day when he agreed to sell some of his grass to a neighbour he took some cash in advance. However, because the neighbour did not come to collect it immediately, D.T. forgot about the transaction and sold the grass to someone else. When the neighbour finally came and heard that the grass had been sold he flew into a rage, threatening to send her son over to beat him. D.T. was very scared, regretful, and "angry with the neighbour's impatience". He found it impossible to eat and began to see images of "black beings with blood eyes" doing strange things in his house. One morning he became so scared that he packed up his belongings and left for Lukla, but on the way he saw the same black beings and, becoming even more scared, returned home. Four days later, the son of Kusho Manding (the fortune-teller) came to the village. Upon hearing that D.T. was sick, he took him to Kusho Manding, who gave him some chilap (spiritual medicine) and a blessing, which worked immediately and "cleared his mind". D.T. returned for more chilap once a week, and was fine. But then he stopped going and his condition deteriorated again. He refuses to go to the Hospital, or to call any other healer, because he is afraid. He says that his body sometimes feels like that of a baby and he falls; sometimes like a pregnant woman; and sometimes like an old person, so that he cannot bend (also a sign of being a shrendi). He often sees crowds of "Nepalis" and herds of sheep and yaks trying to break down his door. He says that his family should help him, but they don't because they are embarrassed about him and don't care about him because he does not have good relations with his brother.

BLOOD-RELATED SICKNESSES.

One of the more exotic conditions suffered by the Sherpas is thak kiup (literally 'to throw blood'). No one appears to be sure of the cause of thak kiup. Some classify it as a condition similar to zakin; others say it is caused by lhalarou; others say it is caused by pem and/or nerpa, and others again say it is a severe form of tip. From my own experience it appears to be related to alcoholism. (Five cases of thak kiup in the Pharak area occurred among well-known abusers of alcohol.) However, at least one case (see below) involved a monk who is said not to have been a drinker.

The condition comes on suddenly and without warning, and the sufferer literally vomits copious quantities of blood. When this occurs, two friends are required, one to hold and bend the body (to stop the vomiting and prevent the body from "turning yellow") and the other to keep stirring the vomited blood to prevent it from "freezing". (If the blood does "freeze", the patient will also freeze and die.) The patient is then isolated from the rest of the community until recovered, because of their increased susceptibility to shrendi attack.
N.C. is a poor 24 year old monk, who used regularly to leave the gonda to go on mountaineering expeditions to earn money. Suddenly he suffered 4 bouts of thak kiup within 3 months of each other. By his own account, he rapidly became 'like a stick', and even though his only other symptom was mild stomach pain, he was sure that his tse (life-force) had finished. However, because he had survived (perhaps because he was a monk, and therefore was 'higher' and had "good luck") it was felt that the cause in this instance could not be nerpa. Some suggested that the cause was moTa gyoup (that is, parents saying bad things about their children). Others suggested poine (that is, ulcers, caused partly by stress and poor diet) and perhaps tengshi (a form of exposure, perhaps contracted during his mountaineering expeditions). Because both poine and tengshi reflect a lack of adequate care, N.C.'s parents decided that he should leave the gonda and return home.

As no supernatural cause could be divined, he was treated with men (literally medicine, in this case vitamins), chilap (spiritual medicine) from the Rimpochhe, good rich foods, and butter (num) on his head. A subsequent attack passed without incident because of the care given him by his mother and father. As he had left the gonda, few monks knew much about his progress, but they were confident that he would survive. By the time I had left the Khumbu, he was well on the way to a complete recovery.

As reflected in Hospital records, high blood pressure (thawang) appears to be more common in the Khumbu than was originally thought. The Sherpas consider such conditions to be caused by the tsen spirits.

**CHILDBIRTH.**

The relatively high incidence of both infant mortality and maternal mortality in the Khumbu, and the concern which many women express with regard to childbirth is, at least partly, due to the fact that there are no traditional midwives, and very little scope for even lay assistance during birthing. This, in turn, is due to the high degree of tip (pollution) which Sherpas associate with birthing, because of its ambiguous position between the life and non-life realms.

There is no common agreement (including among women) as to how or why a woman becomes pregnant (pizim), and very little discussion about the nature or implications of pregnancy on women's health, and vice versa. While I was in the Khumbu I was told of 3 cases of women who had died from home abortions (by administering poison to themselves) because of the monastery's strict prohibition on abortion. (The prohibition derives from the doctrine of reincarnation and the importance of all beings being given the opportunity to fulfill their karmic destiny.) In one case, a woman who had aborted her child attempted several times to go to the cremation ground, to satisfy her new craving for "human flesh".
Another woman nearly died from apparent dehydration, resulting from her refusal to drink fluids, following severe bouts of 'morning sickness', because this might alert the shrendi to the fact that she was pregnant. In Kathmandu, a Sherpa woman was found by a friend of mine, unconscious in the back seat of a taxi, her new-born baby still attached to her via the umbilical cord. Even in Kathmandu she had not had the courage/opportunity to seek help or even instruction as to what to do during birthing.

When a child has been born, a flag is often erected outside the house, to inform other villagers. Non-household members should refrain from entering the house of a newborn child for 5 days, to avoid contracting tip, to avoid passing on pem or some other shrendi to the child and/or mother, and to allow the mother to get adequate rest, in order to avoid the possibility of pang. For these reasons, even the husband may leave the house during and after a birth.

The Sherpas say that the likelihood of contracting sickness, particularly that deriving from low supernaturals, varies primarily according to one's social status and degree of religious purity. Both of these variables contribute to one's "luck", and thus the chance that the effects of causes will transfer on to someone or something else. "Low" people (and animals and other low beings) are believed to get sick more often than "high" people, including the religious elite, because of their low sonam (merit) reflected in their low status, and the greater contact with low and polluting supernaturals etc. which inevitably accompanies such low status. The religious elite, on the other hand, - and, to a lesser extent, the wealthy - are literally "above" many of the causes of sickness, because their store of sonam deflects the effects of such causes and because they need not come into contact with low, polluting forces themselves (being able to direct - or pay for - others to deal with such forces if and when the need arises).

What is interesting here is that this perception appears to be supported by evidence. My surveys of sickness in Thame, for the period I was there, indicate that high lamas did, indeed, suffer less sickness than other groups, followed by monks and other healers, and then the wealthy and educated. I do not consider this data to be merely coincidental. "High" people on the whole do enjoy a higher standard of living, which involves more and healthier foods, warmer clothes, better hygiene and sanitation, greater leisure and variety of occupation, more knowledge about health, more access to healers, etc. Moreover, the religious elite who live in the gonda literally live 'above' the rest of the population, and thus have access to the cleanest water.
The majority of lay Sherpas in Thame with whom I spoke felt that the incidence of sickness is increasing over time rather than decreasing, despite the availability of biomedicine, the increasing presence of amjis, and the continuing - if not increasing - role of lamas and lhawa-minung. This is considered especially true for ngulkile conditions (that is, those deriving from luck) and for conditions reflecting a breakdown in morality (for example, semak - a form of venereal disease). The main reason given for this increase is the inevitable, negative spiral of the universe, giving rise to the current samen kokpu (or 'bad era'). Samen kokpu is manifested also in a greater variety of conditions, the introduction of new sicknesses previously unknown to the Sherpas (including those believed to originate outside of the Khumbu and introduced as a result of increasing contact with the Nepalese State and Westerners, through tourism), and the perceived shortening of life expectancy. (A few Sherpas had heard from trekkers about AIDS and its perceived association with immorality, and saw this as a classic demonstration of samen kokpu).

The perceived increase in environmental disasters and degradation; increasing strains on social relations (evidenced by the increase in tuk, pem, thalarou, etc.); increasing marital infidelity (particularly the incidence of trekking husbands taking an additional wife in Kathmandu); increasing threats to the traditional socioeconomic structure (such as the employment of low caste, non-Sherpas as agricultural workers); increases in the incidence of alcoholism, mental illness, and so on, are all also seen as related to an overall deteriorating health situation. Such changes have, in fact, been predicted in the texts (including the daju, used for divination).

Among the healers, there is some division of opinion as to the changing incidence of sickness. Not surprisingly, the lhawa-minung and amji, whose role is primarily a curative one, tend to feel that sickness is decreasing overall, with some increase in conditions caused by supernaturals. The lamas and monks, however, whose role is more preventative and involving death or near-death situations, claim that sickness is increasing because of loss of faith in, and support for, religion.

No detailed study has yet been made of the changing incidence of sickness among the Sherpas, nor, to my knowledge, of any high Himalayan community, despite the numerous accounts of change more generally in such communities. There is clearly scope for much more research in this area.
CHAPTER 8:
Healing systems and healers.

At first glance, the Sherpa healing system looks to be highly pluralistic. There is the active (and sometimes violent) confrontation with a supernatural by a lhawa (shaman) while possessed, and a more passive divination and propitiation of a supernatural by a minung (diviner). There is the exorcism of demons by a banzin lama and a more passive life empowerment ritual by a high lama. There are purification rituals by a lama and more passive text recitation rituals by a tawa (monk). There is regular prophylactic worship of local deities and the consumption of spiritual medicines provided by lamas and tawas. And there is the relatively medicalised treatment by trained amji (Tibetan doctors) as well as allopathic medical treatment by doctors and village health workers. There are also a few specialist bone-setters, blood letters, fortune tellers, Hindu healers, sorcerers, healers dealing specifically with animals, and those through whom contact could be made with the land of the dead. Each type of healer utilises at least somewhat different conceptual systems and methods, and responds to different sicknesses, needs and circumstances. There are also differences in knowledge, attitudes and practices within individual categories of healers. Indeed there are altogether over 50 healers in the Khumbu (i.e. a healer to population ratio of approx. 1:60). In short, it seems reasonable to label this system as pluralistic.

But is the term `pluralistic' really appropriate? And are Sherpas really free to `choose' between the various alternatives? Does the availability alone of various alternatives guarantee better health? Is self-treatment a viable option and, if not, what does this imply about the nature of the healing system? In this chapter I explore the different types of healers operating in the Khumbu, arguing that although there is certainly a plurality of healers, approaches and strategies, this plurality is embedded within a wider framework of relations of power that makes the term `pluralistic' somewhat problematic and potentially misleading. A focus on similarities is important in overcoming the somewhat simplistic notion of "competing systems" of healing, but a focus on differences demonstrates clearly that the notion of a homogenous, static, single system is equally as erroneous. But first, let us look at the historical roots of this mix of healing.

8.1 Historical development.
When the Sherpas first began migrating to the Solu-Khumbu region some 300 or so years ago, primary
responsibility for healing lay with the banzin (married, village-based) lamas, the lhawa (which I shall gloss for the time being as shamans utilising possession) and the minung (which I shall gloss as diviners). Itinerant anji (Tibetan doctors) probably visited the Khumbu from time to time, and some of the higher lamas appear to have had at least some knowledge of the Tibetan medical tradition, but anjis are a relatively recent phenomenon (as are monks). The real history of Sherpa healing thus lies in the history of the banzin lamas and the lhawa-minung or, more specifically, in the relationship between the two.

The historical significance of the shamanic tradition in Nepal and the Tibetan Buddhist world more generally has been well documented (see e.g. Hitchcock and Jones 1976). Shamanism among the Tamangs has been particularly well studied (see e.g. Holmberg 1980, 1983, 1984, Peters 1981, Hofer 1974). The ethnography of Sherpa shamanism, however, is curiously thin, and it is somewhat contradictory.

Reinhard (1976) offers the following definition of shamanism:

"a shaman is a person who at his [and her] 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" (1976:16).

This definition attempts to avoid the somewhat distracting issue of whether a particular manifestation is of the alleged original 'classic' mode of shamanism as found in Northern and Central Asia (involving the shaman in an 'ecstatic' soul journey ascent to the world of the gods), or the allegedly more recent, so-called 'degenerate' mode more commonly found in Southern Asia (involving the descent of the gods into a possessed shaman. See Shirokogoff 1932, Eliade 1964). This distinction has been the subject of considerable debate (e.g. de Heusch 1962, Firth 1964).

Although Nebesky-Wojkowitz (1956) once classified Sherpa shamanism as 'classic', the contemporary evidence favours a possession mode. Indeed, the term lhawa is sometimes translated as 'god descending'. This is significant, because it suggests that Sherpa shamans - and lhawa in particular - are more passive than their counterparts to the north. It is possible that this passivity is the result of historical influences, such as contacts with lowlander Hindu shamans (dhani-jankhri) who more commonly manifest a possession mode (see e.g. Harper 1963, Dumont 1957, Stanley and Freed 1967, Opler 1958). It has also been suggested that the more ecstatic features of Sherpa shamanism have been absorbed into the tantric Nyingma ritual practices of banzin lamas (See Paul 1976). It is also possible that their passivity has resulted from increasing control of their activities by the monastic
establishment. Certainly, in other parts of Nepal there is much evidence that an ecstatic mode has been usurped by a doctrinal, text-based and more institutionalised religion controlled by non-ecstatic officiants (see Hofer 1974a). Some old Tamang and Rai ritual shamanic chants refer to the power of ancient Sherpa shamans to undertake ecstatic soul journeys (see N.Allen 1974). Furthermore, many accounts of shamanism among other Tibetan Buddhist communities in Nepal (e.g. Watters 1975 on the Kham Magars, and Holmberg 1980 and Peters 1981 on the Tamangs) suggest an ecstatic mode. Thus, the nature and degree to which Sherpa shamans are able to exercise agency appears to be a function, at least in part, of their historical relationship with other healers.

The lhawa-minung may have their origins in the Bon tradition in Tibet (see Funke 1969). The mythical founder of Bon is Gshen-rab, literally 'most excellent of shamans'. (The term Bon itself means literally 'way of life' (Snellgrove 1967), emphasising its concern with day-to-day worldly affairs vis a vis the more transcendental, other-worldly orientation of the lamas and monks). The relationship between lamas and Bon shamans has often been a stormy one, as attested to in a variety of both myths and texts (see below). Nevertheless, Bon, as we know it today, is not a mere pre-Buddhist shamanic carry-over, as some ethnographers have argued (e.g. Waddell 1958, Hoffman 1961) but rather developed alongside Buddhism (and indeed assisted in its growth), serving to provide the Tibetan royal court with priests (see Stein 1972, Samuel 1984).

The highest shamans (or, more accurately, oracles) in central Tibet were called 'masters of religion' and had extensive privileges and powers (e.g. the confirmation of a new incarnation of the Dalai Lama). They were often only short-lived, however, due to the physical strains of their possessions (see e.g. Nebesky-Wojkowitz 1956, HRH Prince Peter 1978, Lama Govinda 1971). Spirit mediums (dpa'bo - literally 'hero') continue to be very popular in Tibetan refugee communities (see Cartier 1975, Epstein 1977). The dpa'bo discussed by Berglie (1976) trace their genealogical connections (and source of divining power) to four archetypical dpa'bo, invited to Tibet by the great tantric lama Padmasambhava, specifically to cure sickness.

Bon shamans are sometimes, somewhat confusingly, referred to as phembu, to distinguish them from contemporary lhawa-minung. (The term appears to be a derivation of the Tibetan term Bonpo - i.e. follower of Bon - and the Tamang word bombo or 'shaman'). The confusion derives from the fact that lowland Hindu shamans are also sometimes referred to as phembu, a term which connotes a degree of maliciousness and 'black' (nakpu) practices vis a vis Sherpa lhawa-minung. The black phembu is taught by the banjankhri (literally, spirit of the forest), sometimes referred to as a lower telma (versus a yeti which is a high telma). Phembu are also distinguished by their belief that body
movements are counterclockwise. (Note that Bon practitioners perform counterclockwise circum-ambulations. In the Khumbu counterclockwise Bon swastika ($yindum$) are commonly painted on people's houses). The term phembu should not be confused with the term pembu i.e. traditional village land tax collector.

There is considerable shamanic influence in the texts and thangkas (religious paintings) found in the Khumbu (note, for example, those discovered by Oppitz in Solu in 1965. The fact that these could only have been written/drawn, and read by lamas - who controlled the literate tradition - testifies to the legitimacy and importance of the shamanic tradition in the past). Indeed, Funke (1969) and his colleagues argue that Bon is perhaps the greatest influence on Sherpa religion, and that the minung in particular, is a direct descendant of the Bon priest:

"in spite of all the various influences, the basic beliefs of Sherpa religion are drawn from the Bon religion, and can still be clearly distinguished" (1969:289).

The history of bönzin lamas is more difficult to document. Oppitz (1975) has suggested that one of the reasons for the Sherpas' initial emigration from Kham was their desire to maintain their lama tradition in the face of religious persecution. While lhawa-minung appear always to have played an important role in the Khumbu, the lama is clearly the more influential and well-known historical figure. This parallels the situation in Tibet, where history has favoured the lama and monk over the Bon priest.

Some of the best-known Sherpa myths are concerned with the historical development of the relationship between the lamas and shamans. These myths demonstrate that although lamas exercise greater power and authority (expressed, in particular, in their control over death and other-worldly concerns), their relationship with shamans is a somewhat complementary and interdependent one, with the latter exercising considerable influence over more worldly day-to-day concerns such as sickness.

In one such myth, Guru Rimpoche (the Sherpas' term for the tantric lama Padmasambhava) went to investigate why the souls of deceased persons were not being reborn. Finding that the phembu's animal sacrifices were the cause, he directed the lamas to take over responsibility for the performance of funeral rites. The phembu, enraged at this challenge to his authority, sent a swarm of bees to attack Guru Rimpoche who, as a devout Buddhist, was unable to kill them. Finally the two reached an agreement that the phembu would retain his healing powers (and thus heal Guru Rimpoche's stings) but that the lamas would assume responsibility for death and other-worldly, more transcendental healing. Peters (1981) recounts a similar myth among the Tamangs.

In another myth, a phembu challenged a lama to a race to the top of the highest mountain, to demonstrate who had the most power. The phembu (who does all his work at night) began to climb at nightfall on a dark moon, and was close to the summit at dawn when he was blinded
by the light and dropped his drum (an important vehicle of his power). The sound of the falling drum woke the lama, who then transported himself on a beam of white light (a power reserved for high lamas) direct to the summit, just above the phembu.

(Note the correlation here between black and white and low and high status). While the ability of the phembu was recognised, the superior power of the lama was clearly demonstrated (see also Paul 1976. Holmberg 1980 recounts a similar myth among the Tamang. As an aside, one Sherpa friend explained to me that the respect in which Sir Edmund Hillary is held by the Sherpas is due partly to his success in climbing to the summit of Chomolongma (Mt. Everest).

A variant of this myth, told to me by a minung, recounted how the phembu DID reach the summit, but it was only a minor (material?) one, not the highest one. The lama, on the other hand, had the power to see the higher (spiritual?) summit, visible only in the light. The phembu receives credit for attaining the 'low' summit, but the lama's authority over higher, more transcendental concerns is reaffirmed.

In another myth, a phembu and a lama were both called by a king to divine the sex of his unborn child. The phembu divined that the child was, in fact, twins of different sexes, while the lama divined twin sons but of different sizes. The lama's divination proved correct, though the smaller son eventually became a transvestite, suggesting that the phembu had not been entirely incorrect (!)

In yet another myth, a phembu (in this case a Hindu shaman) is said to have criticised a lama for never washing, but the lama denied this. The phembu then challenged the lama to demonstrate this. Claiming that the lama would dirty the water, the phembu washed first, but - as was usual - cleaned only his "outside". When the lama's turn came, he did in fact, dirty the water, and the phembu began to celebrate his victory. But then the lama began to wash his "inside", after which the water became clean and pure. The phembu tried to copy this feat, but succeeded only in making the water dirty.

(Note the correlation here between outside and inside and low and high status). From then on, the phembu retained responsibility for looking after the outside body (and, for Hindu shamans, ritual ablutions and changing of sacred threads remain an important means of maintaining power) but the lama confirmed his authority over the more important inside soul. Lamas' rituals are sometimes referred to as nangbi cho (literally, 'inside religion') to distinguish them from the phembu's cho piuwa. The Sherpas today, in fact, often refer to their religion as a whole as nangbi cho. They say that Hindus get sick more than Sherpas, even though they wash more often, because they wash only the outside.

One of the major differences which Sherpas refer to when distinguishing between lamas and lhawa-minung is that the former rely on and control texts (sometimes referred to as cho - literally, 'religion'), in which truth and power is believed to be immanent, while the latter rely on a relatively less dependable oral tradition.

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One myth which accounts for the lamas’ monopoly of texts recounts how Guru Rimpoche, in one of his many historical battles of wits with the phembu, falsely claimed to have burnt his texts, to prove his independent power. In response, the phembu promptly burned his, as well. Guru Rimpoche then produced his texts, but the phembu, not to be outdone, ate the ashes of the texts so as to commit them to memory.

Today the lhawa-minung are said to recite portions of these texts from memory, even though some minung also possess the texts themselves.

It should be noted here that not all Sherpas are able to recount such myths, and indeed, a number of lhawas commented to me that they are rarely heard, these days, in public discourse. The monastic establishment has its own variants of these myths, placing more emphasis on the final victory and dominance of the lama over the phembu, and comparing this victory with the historical victory of Buddhism over the demons (dui). The mani rimdu festival, for example, is sometimes interpreted (by the high lamas, and by Westerners!) as a celebration of victory over the phembu. As a rule, the 'higher' the raconteur of the myth, the more likely it is that the myth will stress the supremacy and dominance of the lamas. Furthermore, the extension of the term phembu to include lowland Hindu shamans also re-affirms the dominance of Buddhism over Hinduism (and provides further evidence for the view that Sherpa lhawa-minung were historically influenced by Hindu dhami-jankhri, and that Sherpas may have first settled in the Solu, adjacent to Hindu communities. (This view would help to explain why Sherpa lhawa-minung are so different from other contemporary Tibetan shamans).

There is a Sherpa saying, quoted by Paul (1976) that a lama’s wife earns sin, while a shaman’s (lhawas) wife earns merit. This apparent paradox is explained by the historical division of labour between the lama and the shaman. That is, the lama’s wife ‘benefited’ from people’s deaths, because these provided her husband with income, while the shaman’s wife ‘benefited’ from people requiring healing, because this provided her husband with income. Of course, ultimately all people die, so the shaman’s successes could only be short-term, and were eventually usurped by the lama’s control of funeral rites.

While there is much evidence of co-operation between lamas and shamans, the relationship between them is not necessarily always harmonious. Paul (1982) has commented that the Sherpa religious system

"far from being a neatly organised and integrated mechanism, is the precipitate of complex historical and social processes, and reflects as much conflict and opposition as it does complementarity...shamanism and the institution of married lamaism coexist with only an uneasy truce between them" (1982:83).
In her account of Sherpa rituals, Ortner makes the passing comment that

"with the recent invigoration of Sherpa Buddhism and the Sherpas' first glimpses of Western medicine, [shamanism] seems to have gone into a rather serious decline and may finally be on its way out" (1978:32).

Paul also suggests that Sherpa shamans are no longer readily distinguishable from the banzin lamas. It is possible that these observations reflect the situation in the area of Solu-Khumbu where - and at the time when - Ortner and Paul did most of their fieldwork. Nevertheless, it would be very misleading to imply that this is the case at all times, and in all Sherpa villages. As Presern and Halligan (n.d.) have noted, many Khumbu Sherpas themselves say that the traditional healing system is alive and well, and my experience certainly conforms with this view. In terms of numbers alone, there appears to have been a substantial increase in traditional healers in the last 30 or so years (from an estimated 14 to 25 in the Thame valley, for example). More importantly, more than half of my informants felt that the role of lhawa-minung was even greater today, despite the increased availability of monks, amji and allopathic healers, primarily because of the increasing problems arising from samin kokpu (literally, 'bad era').

Of course, the number, type, role and status of traditional healers has most likely always fluctuated over time, due, in part, to changes in sociopolitical circumstances and relations of power, and in part to the nature and frequency of 'callings' by the gods to the healing profession. As one informant explained:

"it is not up to us to say whether there will or will not be more healers. This is the will of the gods. If they call healers, there will be healers. If they don't, there won't be. A person cannot ignore a calling, and a person who is not called cannot become a healer. That is all".

Since leaving the Khumbu I have been told of the calling of one new lhawa and one new minung. In the context of increasing awareness of the limitations of allopathic medicine, together with increasing awareness of the value of traditional culture, the traditional Sherpa healing system is, I suggest, likely to remain strong for some time to come.

8.2 Contemporary traditional healers.

At present there are over 50 traditional healers in the Khumbu region. In the Thame valley there are two lhawa (plus one lhawa who has been 'called' but has yet to receive empowerment), eleven minung, one amji, one 'fortune-teller' (also recognised as a high lama), and at least nine lamas and monks who are active in healing. (One informant remembered that 50 years ago there were four lhawa and seven banzin lamas, but only five minung, no amji, and no monks). In the Namche and Khumjung-Kunde area there are two lhawa, at least four minung, one amji, and three lamas and monks
active in healing. In the north Khumbu (Phortse, Tengboche, Pangboche and surrounding hamlets) there are two lhawa, four minung, one amji and four lamas and monks. Finally, in Pharak to the south there are two lhawa, at least two minung and three lamas and monks. Occasionally an amji from Jialsa in Solu attends to patients in the Khumbu area. There are also at least three healers specialising in animals, one dalongma (literally, 'hell-returned female') and at least three Hindu dharmi.

A variety of methods are used for distinguishing between different types of healers. Some of the more common included:

i) those who deal with this-worldly concerns (including the temporary relief of suffering and cure of sickness i.e. the lhawa-minung and amjis) versus those who deal with more transcendental concerns, (including the prevention of sickness and more permanent empowerment and extension of one's life-force, as well as the management of death itself (i.e. the lamas and monks).

ii) those who deal with 'supernatural' causes versus those who deal with more 'natural' causes (the perception of who does what, here, varies considerably).

iii) those who deal with lune (literally 'body') conditions versus those who deal with ngulkile (literally, 'luck') conditions.

iv) those whose techniques are text-based (i.e. the lamas, monks, amjis and some minung) versus those whose techniques are not (i.e. lhawas).

v) those whose power is referred to as ong and derives from a spiritual lineage (i.e. celibate lamas and monks), versus those whose power is referred to as nga and comes from a real or putative ancestor (i.e. lhawa-minung and some banzin lamas), versus those whose power derives from their own efforts (i.e. amji).

vi) those who are celibate (i.e. monks and some high lamas) versus those who are not.

vii) those who use medicines (i.e. amjis) versus those who do not. The most common distinction, however, is between healers who are 'high' (e.g. lamas) and 'low' (e.g. lhawa). Note that this classification is also used to distinguish between individuals within the same category.

8.2.1 Lhawa.
The Sherpa ethnography refers to at least three classes of 'shamans': the lhawa, the minung, and
the pembu. (This latter term, used by von Furer-Haimendorf and Paul, is the Sherpa derivation of the Tibetan term 'bon po' (literally practitioner of Bon - the Sherpas in Thame, however, rarely referred to their own healers as pembu except when recounting historical myths). The term 'lhawa (Tibetan lha pa) is often translated as 'god descending'. However it may well derive from the verb 'lhapap (literally 'to make trouble for the gods'. Certainly, the lhawa is the most ambiguous, the most feared and, according to some, the most powerful of Sherpa healers.

Lhawas are commissioned to divine causes of illness, but also to predict the future, identify wrong-doers, fight against evil forces, retrieve lost souls, communicate with dead relatives, negotiate with the gods, and a vast number of other functions. They are however not responsible for funerary rites, and this is an important distinguishing feature of their work from that of the lamas.

Lhawas do not acquire their vocation or power through choice or conventional learning, as do lamas. Rather, they are called by a girpa or spirit of a deceased lhawa relative (see below). This calling is considered a 'gift' and therefore cannot be refused. The relationship between the lhawa and his/her girpa is very close, very personal, and very important, and one of the first elements of any healing ritual is an affirmation of this relationship (see also Hofer 1974: 173-75). Callings vary in nature and intensity, but most involve a significant personal crisis, often expressed in a long period of sickness, which is finally overcome only through identification and acceptance of the girpa's calling. (See Michl 1974:226, Sagant 1976:60-61, Hofer and Shrestha 1972, Watters 1975 and Peters 1981 for accounts of shamanic callings elsewhere in Nepal). The role of the lama is vital in this process, thereby further consolidating their higher status.

Paul (1984b) has provided an account of the calling of the lhawa Upa Gyaldu. According to Upa, he first received his calling after a severe earthquake had destroyed the monastery at Tengboche where he was studying. Says Upa:

"when the madness first came I danced the whole night but didn't know about it till sunrise the next morning...bon jankhri, the forest god, took me three times into the forest and hid me...it was like I was dreaming...the gods taught me many things. They gave me food-moss, quartz, crystal and worms...I was a really good shaman". (Quoted by Paul 1984a:26, 33).

Paul records however that Upa gave a number of alternative accounts of his calling. One of these was that he was attacked by two enormous snakes and was saved only by the intervention of two spirits, one black and one white, dressed as men. These spirits led him for seventeen days across mountains to a forest of perpetual light where the gods taught him the art and craft of shamanism. The variety
of accounts which Upa gives all, contains the same fundamental theme of confrontation with alternative manifestations of reality and the importance of learning to control these realities.

A girpa is a deceased relative, theoretically from within the same lineage (kalak), but sometimes a more distant relative from within the same clan (ru). According to a number of informants, a girpa’s power (sometimes referred to as nga, but also commonly referred to as girpa) is passed through the ‘bone’, also referred to as ru. This power is said to derive from a lha ru chik - literally, ‘god of the same clan’. In fact, the term girpa itself is sometimes also used for ‘clan’.

What is interesting here is that while patriliney is the rule in descent reckoning, or at least has been identified as such by ethnographers, the reality is that girpa often come from a mother’s clan. (Indeed, there is some evidence for the view that the theoretical emphasis on patriliney is a relatively recent phenomenon, perhaps related to the increasing influence of central Tibetan and Hindu patrilineal societies, and the more male-centred spiritual descent reckoning of the monastic establishment).

When I questioned informants about this, their response was generally that it did not matter. One informant explained that "when a woman has married she belongs to her husband’s clan and so the girpa is the same", but a number of other informants denied this. One informant resolved the issue by saying: "we are all Sherpas, so we are really all the same clan. The differences are not important." In practice, however, the differences ARE important.

One monk informant explained that there are, in fact, three kinds of girpa: mergiu (clan-based), cho guiu (religion-based), and dung guiu (based on secular training and/or a voluntary desire to become a healer. Note, however, that the term guiu implies a continuous flow of water i.e. a flow of power uninterrupted by death). The monk of course placed cho guiu higher than the other two forms. He also suggested that cho guiu is a kind of clan of the gods". He pointed out that while the identity of other girpa is sometimes problematic, the identity of cho guiu is known and beyond question, at least to the religious elite. Furthermore, while the identity of past cho guiu may be known, the identity of only the most recent mergiu is generally known.

Girpa are sometimes also referred to as mishitsengya, a form of supernatural or "middle god" who are low enough to contact the shrendi but high enough to invoke the assistance of the high gods in controlling them. Their liminal status makes them particularly problematic, however, and lhawa are said to have little chance of a favourable rebirth because of their association with them.
Some Sherpas say that every family has one member who is *gomba tumbu*, i.e. is 'extraordinary' in such a way that he is more likely to be called as a healer by a *girpa* (or, perhaps, be reincarnated as a *tulkhu*). No one, however, was able to identify exactly what qualities were 'extraordinary'. The actual quality of the relationship between the *girpa* and those called does not appear to be a factor. Furthermore, a male *lhawa* is often called by a female *girpa*, and vice versa.

For the *lhawa* (and, to a lesser extent, the *minung*) a calling generally involves considerable psychic stimulation and even turmoil, and a significant disruption to normal social roles and relationships (see individual cases below.) But Sherpas do not regard such experiences as indicative of mental illness or antisocial behaviour as such. In fact, descriptions by onlookers of callings frequently refer to a state of being that is "like *nyumbu* [crazy] but isn't, because it is the *girpa".* At least one informant commented to me that the *lhawa* "cannot be *nyumbu* or the *girpa* would not have called him. How can a *lhawa* heal if he is *nyumbu"?" Furthermore, the *lhawa*:

"cannot be [antisocial] because he has to know all about social relations to be able to heal. When a patient comes to a healer, and when a healer gives hospitality to the gods to get their help, it is like making a social relationship."

The notion, then, that shamans are 'wounded surgeons' (Silverman 1967) or 'half-healed madmen' (Devereux 1956) does not apply to the Sherpa situation (see below). A *lhawa's* practice is considered legitimate and effective only when control over the apparent sickness has been effected. Once a person is called, he will continue to suffer from possessions and other forms of disturbances and sicknesses until such time as he has the calling identified and confirmed by a lama. If the calling is identified as from a 'bad' or 'black' *girpa*, or if the person is not considered suitable for the role of a *lhawa* (a role which "requires a strong body and strong mind") then the lama may tie a string around the person's fourth finger to "block the *girpa* from entering the body" (*tsalam dangbup*). In this way, the person's "shaking" is made to stop. If, however, the *girpa* is identified as a good *girpa*, the calling cannot be resisted without further problems ensuing. The person must then be 'empowered' (*tsalam betup*) by a lama, to control the possessions and allow him to serve as a fully-fledged, legitimate *lhawa*.

In some cases, however, a person called by a good *girpa* to be a *lhawa* may not receive full empowerment from a lama, and may have to serve as a *minung* instead (not utilising the ability to become possessed). In such cases, a lama may merely confer a *kaku* (blessing) on the person called. (No healer was able to explain to me why this might occur.) What is important here is that a calling is never voluntary. Furthermore, the management of a calling is never done by the person called, but
rather by relatives and, more importantly, by the religious elite. Finally, it should be noted that no full empowerment can take place until a lhawa (or, indeed, any healer) has the appropriate chopā (paraphernalia) through which healing power is released. The location, transfer or manufacture of chopā, particularly the headdress (ringa) and drum (nga) is a very important event in the lhawa's "training", since it is believed that future control of the girpa is dependent on correct deployment of his/her chopā. (Again, the role of the lama here is vital). Power (ong) is believed to be inherent in the chopā, and any lhawa who wishes to give up his/her girpa must as a first step divest him/herself of his chopā.

One of the most important aspects of a calling is the receiving from the girpa of a molam (secret invocation to the gods) to be used to call and solicit the assistance of the girpa and other gods. This molam has no power (or "meaning") until empowerment is received by a lama. (Indeed, some lhawa-minung claimed to receive their molam directly from the lama). Even after empowerment, most lhawa-minung claim not to know the meaning of their molam, saying merely that "the words carry the power". The molam cannot be given to another person, and no healer was able (or willing) to recite a molam to me outside of the context of a healing ritual. Lay patients were rarely able to discuss even the role of a molam, let alone its content or meaning.

The shaking of the lhawa while becoming possessed is seen as evidence of the flowing of ngak (the power of divine contact). Ngak is shared by both the shaman and the lama. The shaman however, unlike the lama, does not receive this power from a living guru, but rather directly from the girpa. Paul (1976) comments that:

"ngak is an essential element in any Sherpa religious ceremony and rituals performed by a lama or shaman who has lost his ngak, as may happen through pollution, are no more effective than just singing and dancing, as the Sherpa nicely puts it". (1976:145).

The success of a lhawa (which leads to their popularity, rather than vice versa) is dependent mostly on the quality of the lhawa's girpa rather than on the personal qualities of the lhawa him/herself. All lhawas (and minung) with whom I spoke, denied ever receiving formal training from a living person, explaining that the lhawa's nga comes directly from the girpa and the girpa would be angry if someone else interfered with this power. In practice, however, there is a close link between the social status of the lhawa, their overall intelligence, and both their success and their popularity. While the power (and thus popularity) of lhawa of low social status is likely to decrease significantly from middle age onwards, that of lhawa of high social status is likely to remain relatively stable.

A lhawa's seance is a particularly dramatic affair. It is often attended by a number of onlookers in
addition to those who have commissioned the seance. While no two seances are the same, most follow the general pattern of the making of offerings, the inducing of an altered state of consciousness (generally regarded as possession), dialogue between the possessing tutelary deity and the supernaturals responsible for the problem through the medium of the body of the lhawa, and finally the prescription of the 'cure'. The following is a case study of a seance presented by von Furter-Haimendorf (1964). It deals with a curing rite performed by a Khunjung lhawa A.T. on behalf of von Furter-Haimendorf's cook, Sonam.

(Further details on A.T. are provided below).

The rite commissioned by von Furter-Haimendorf was held at night in the ground floor of his house in the village of Khunjung. Before A.T. arrived a layperson had been busy making offerings to the local gods and applying some ritual first aid by burning juniper incense (sang) and some threads of a revered lama's cloak, and waving these around Sonam's head, calling on the supernaturals (shrendi) to depart. A.T. then arrived and, using a rosary, divined that a spirit (nerpa) was the cause of Sonam's stomach complaint and fever. This nerpa was identified as the spirit of Lakba Gelbu, a previous owner of von Furter-Haimendorf's house, who had died in an avalanche (and whose presence was seen to be confirmed by Sonam's cold skin). A.T.'s paraphernalia included two large brass cups, seven small zinc cups, a large and a small brass mirror, the ringa headgear and of course the drum. The large mirror was used for 'seeing' the gods (lha) and the serpent deities (lu); the small mirror was used for 'seeing' the shrendi and witches ( pem). An altar was constructed using the cups filled with offerings, the drum placed next to it, and sang (burning juniper) offerings made.

A.T. then began chanting, all the while sprinkling rice grains on the mirrors to aid his divinations. As he began to tremble and grunt, he put on the ringa and began rapid loud drumming, alternating singing and hissing. When the shaking reached its most violent, the of accounts which Upa gives all contain the same fundamental theme of confrontation with alternative ringa was made to slip down A.T.'s front, thereby allowing the possessing deity to enter him. The drumming immediately ceased and A.T. fell backwards, then was flung violently about the room. Speaking with the voice of Lakba Gelbu, body contorted with the presence of the possessing deity and all the while shaking, he demanded a carpet belonging to him (Lakba) thereby proving his identity again, and then demanded chang (beer) and raksi (whiskey). For a few minutes he answered questions about the spirit world put matter of factly to him by the onlookers. Then he began criticising von Furter-Haimendorf, Sonam, his own widow and sons for not making adequate offerings to him, and instructed them what was to be done. Suddenly he fell backwards and raised his arms, signalling that he was departing.

After a break, A.T. began drumming and chanting in a different way, and became possessed in turn by a female demon, a serpent deity (lu), a monkey, a bull, higher gods, his own tutelary deity and finally, Deling-kandzi, a Darjeeling goddess who often appears at the end of his seances.

The rite then abruptly ended. A.T. packed up his paraphernalia, collected Rs.4, offered further sangs (juniper incense offerings) and then left the remaining audience to enjoy a small feast held for Lakba's spirit. Being merely the mouthpiece for Lakba's spirit, he claimed to remember nothing of his possession.

While the lhawa's vocation is a "calling" rather than a chosen profession, it is interesting to speculate on other possible motivations for accepting this vocation. Paul (1984b) suggests that the violent confrontation and competition with spirits that characterises shamanic activity provides an opportunity
to express urges that would otherwise be frowned on, and which are proscribed in the lama's vocation. Upa describes violent confrontations between shamans and pem nerpas (witch spirits):

"they have contests for flying, eating rocks, making rocks soft. Then after a while the shaman pulls into the lead. The pem nerpa retreats and say 'I'm sorry' and the patient gets better". (Upa, quoted by Paul 1984b:36).

Shamanic seances are also a particularly tangible and dramatic way of demonstrating one's contact with the supernatural world to the rest of the community, and of thereby acquiring a measure of influence over those who may be considered socially superior or are more wealthy. In many studies of shamans elsewhere in south Asia, this link between healing power and political power is significant (Berreman 1964, Michl 1974, Fourmer 1976). Shamanism also affords the opportunity to perform sorcery (while lamas are prohibited from it). A further motivation for accepting a shamanic calling, says Paul (1984b), is the sexual licence permitted. Lhawas often have many wives (Upa had seven). According to Paul, this demonstrates that the shaman acts out his sexual and Oedipal dilemmas, unlike the more orthodox lamas and monks who, he suggests, repress them.

Nevertheless, being a lhawa has some serious drawbacks relative to the lamaist vocation. The shamanic vocation may once have carried with it a degree of social status and political power but this appears to have declined markedly in recent years (and Paul 1976 refers to it as a liability). Unlike the lama, whose claims of divine inspiration are taken more seriously, the lhawa must carry personal responsibility for and cope with negative reactions to his/her revelations and prescriptions. Lhawas therefore are often loath to identify witches and wrongdoers directly and seldom recommend a particular punishment. There is never any compulsion to accept a lhawa's revelations or accusations (unlike those of the lamas).

Shamanic activity is time-consuming, physically very draining (because of the contortions produced by the presence of the possessing deity and because of the violent confrontations with obstinate spirits or witches) and is not even particularly economically rewarding. Furthermore, the lhawa must always be on guard against the demonic and supernatural forces attracted by his/her abilities (while the lama is able to deflect such forces through the use of texts and more indirect confrontation). His involvement with illness, with low level deities, and the sinful nature of the sacrifices and sorcery which he is sometimes required to perform mean that he is constantly in a state of potential pollution (unlike the lama who has much less of this contact and has special self-purification rituals). As a result, the lhawa is constantly under threat of losing his ngak. Finally, the lhawa must live with the
obvious conflict between his/her practices and those prescribed by the lamas and monks.

As Paul (1984b) suggests, this conflict is sometimes resolved by the giving up of shamanising and adopting a married lama role in the community as one becomes older and more concerned about future rebirth. Upa Gyaldzu, for example, became a lama, apparently because he recognised the sinfulness of his activity. He told Paul:

"when I look around, I see all the old shamans are not doing well...many of them are blind or poor or even dead. So I swore off. Some made a lot of money shamanising and then other people were envious and killed them or injured them by magic. Too much sin". (Quoted by Paul 1984:32).

What is interesting about this transition is that Upa explains it by reference to myths expressing the opposition between shamans and lamas. Says Upa:

"Once some [shamans] and Buddhist lamas competed. The lama flew to the sky and the [shaman] did the same. They did it twice and it came out the same. The third time the lama did a little better". (Quoted by Paul 1984b:36).

Upa had used the same myth but in a different variant, with the victor being the lhawa, to explain his original calling. As I have suggested, the conflict between lamas and lhawa is a common theme in Sherpa mythology.

Now the shamanic diagnosis of sickness had often been equated with Western psychotherapeutic techniques in the literature on shamanism. The psychiatrist Torry (1972) for example, sees the 'naming process' inherent in shamanic divination as a 'universal component of psychotherapy' since it leads to an immediate reduction in the patient's anxiety. It does not matter what the name is; once an illness has been classified, there are definite prescriptions for dealing with it. Levi-Strauss (1963) has also suggested that shamans, like psychotherapists, provide a cathartic 'language' by which the inexpressible can be expressed so that an abreaction or transformation from chaos to order can take place. This transformation benefits onlookers as much as a patient. According to this view, a shaman's fame may derive partially from his success but, more importantly, his successes derive from his fame. Kakar (1982) in a discussion of shamanism in India refers to shamanism and psychotherapy as poles of the same continuum. Hitchcock (1976), in the introduction to his volume on shamanism refers to the link between it and psychotherapy, as do the editors of a special issue of the C.N.S. Journal in 1976 on the anthropology of healing in Nepal. Peters (1981) provides an interesting analysis of Tamang shamanism in psychotherapeutic terms. In the case of Sherpa shamanism Paul (1982, 1984b, 1984b) has emphasised its psychotherapeutic implications.
Now there is little doubt that such rites as that performed by A-Tutu (discussed above) have a significant psychological impact (even on wholly objective, seasoned anthropologists!)

Nevertheless there are some problems with this explanation. Firstly, the patient, as a rule, is only minimally involved in the rite itself. This is quite understandable since causes are assumed to lie outside of the individual at a more supernatural level. The *lhawa* is the active participant (contrary to the psychtherapist who is the passive listener). Second, the patient is held to be quite 'normal'. It is the influence of external supernatural agents that are the problem (rather than the internal causes emphasised by more orthodox rituals). A patient who is actually diagnosed as 'psychotic' will be referred to the lama for treatment. Third, the same curing rituals will be performed for the very young and even animals (for whom the psychotherapeutic value is somewhat suspect). It is difficult therefore to equate Sherpa shamanism with Western psychotherapy too closely.

Another approach is to focus not on the individual but on the group - to view shamanic curing and its efficacy in terms of the extent to which it expresses, transforms and reinforces social relationships and mediates social conflicts that are otherwise inexpressible. One of the more important proponents of this approach is Lewis (1971, who argues that many illnesses considered supernatural in origin reflect gender and class inequalities. He says that possession of the laity, and women in particular, is an 'oblique aggressive strategy' in situations where alternative opportunities for expressing felt deprivation and discontent are lacking. Possession for Lewis is both a source of and means for resolving social discontent.

The ethnographic data from Nepal, as a whole, while not necessarily affirming Lewis' 'sex war hypothesis', nevertheless provides considerable support for the notion that the social position of women in patriarchal societies forms a significant focus for shamanic activity. The work of Peters (1981), Holmberg (1982,1983), Kurz-Jones (1976) and others demonstrates this well. (Note also Rahmann (1959) for a rundown on tribal shamanism in India. Also Rock (1959) on the Tibetan Na-khi Lhu-bu (where shamans are all female). Hofer (1974a) provides a good discussion of lay possession in Nepal. Among the Sherpas, however, possession of the laity occurs very rarely. When it does occur, such as the case of the overseer (*chortimba*) at *Manirindu* discussed by von Furer-Haimendorf (1964), no one really pays much attention.

Whether one accepts Lewis' 'sex war hypothesis' or not, there is little doubt that *lhawa* are well informed about current social dynamics and conflicts and have an important influence on them. Through the *lhawa's* seances, such conflicts can be expressed and causes identified in such a way that, at least in some cases, blame can be defused and redirected and compromises can be negotiated.
Furthermore, the auspiciousness of such actions can be determined, and the support of the gods secured.

Peters (1981) refers to the shaman as the real 'cultural broker'. By restoring relations between men the shaman simultaneously restores relations between men and the gods. Says Lewis (1971):

"in the person of the shaman man triumphantly proclaims his supremacy over elemental power which he has mastered and transformed into a socially beneficent force…what the shamanistic seance thus protests is the dual omnipotence of God and man. It celebrates a confident and egalitarian view of man's relations with the divine, and perpetuates that original accord between God and man". (1971:189, 205)

Again, however, there are some problems with the application of this analysis in the case of the Sherpas...

Shamanism has often been interpreted in the ethnographic literature as a conservative force. Relative to the monastic tradition in the Khumbu, however, the lhawa appears distinctly innovative. Lhawas rely on a flexible and analogue oral tradition rather than texts. They lack any defined intra-professional organisation or code of ethics and were thus often in competition with each other to attract clients. The lhawa in fact can take advantage of the legitimisation of his activity afforded by divine inspiration while possessed to create new characteristics of local deities and supernaturals and eject old ones that did not serve the purpose at hand. Curing rituals are exciting both visually and otherwise, and audiences will gather all night, sometimes for nights on end, to participate in such seances. In fact, audience participation is central. Regular breaks in the rite occur so that the audience can take a leak, have a cigarette and discuss the progress of the seance with the lhawa.

That such innovation and entertainment is for the client's and audience's benefit rather than central to the empirical success of the techniques themselves is perhaps demonstrated by the fact that the lhawa cannot perform at all unless he has established control over the possessing deities. Once this control has been achieved there is far less of a struggle with the supernatural realm than the performance might suggest. Indeed, many seances appear to be at least partially motivated by the desire for good, old-fashioned fun and entertainment (see e.g. Kapferer 1983). As Hofer (1974b) observes, the shaman

"is not only a magician but a poet too - and thus sometimes a swaggerer. He not only heals but also entertains and has in both functions the privilege of enjoying a certain individual freedom from disorder... his reputation is not only gauged by his success in curing but also by the artistic quality of his performance" (1974b:172).

It should be stressed, however, that the innovative and performative aspect of shamanic curing was carefully controlled. The status of the Sherpa lhawa relative to the lama and monk was never high,
regardless of his/her metaphysical knowledge or political power. Intra-professional competition also served to defuse their potential political clout. Their revelations and prescriptions could be, and often were, ignored. Recently, lhawa have had to compete with a growing influx of low-caste Tamang, Newar and other non-Sherpa shamans for their commissions.

At this point, then, let us look at some other individual lhawas.

L.P. is perhaps the most famous and most widely used lhawa in the Khumbu. This does not mean, however, that he is highly respected in the wider social sense. In fact, some Sherpas regard him as an aggressive drunkard. What they respect, they say, is the power of his girpa, not L.P. himself. L.P. is approximately 60 years old and from the Thaktu clan. He is the eldest of 4 sons and has 2 sons and 7 daughters of his own. He is wealthier than the average Sherpa, having 2 houses and approximately 25 fields and 30 animals. Unlike many other lhawa he has travelled extensively (including many years as a high altitude expedition porter) and recently went to Bodhgaya in India for an initiation performed by HH Dalai Lama. Despite his being relatively famous, the vast majority of L.P.'s clients are from the villages near to his home. This is partly because he must travel to clients' homes to perform his rituals, and he is now less able and willing to travel long distances, and partly because he is more obligated to those who live nearby as a result of reciprocal labour (ngalok) and hospitality etc. exchanges. (It is important to note that the clientele of most lhawa-minung is determined at least in part by proximity, while that of lamas and amjis come from all over the Khumbu).

L.P. received his calling as a lhawa at the age of 12, from his father's brother (commonly referred to as his 'father') who, in turn, received it from his father. His father's brother had been considered to be a particularly powerful lhawa. The tutelary deity that possesses him does not speak Sherpa, thus an 'assistant' is required to interpret (kahunshop) the deity's utterances. L.P.'s wife performs this role, and communicates clients' concerns to the deity and shrendi possessing him. (The role of spouses as assistants for lhawas varies considerably from healer to healer and requires further investigation. One friend once commented to me that "without his wife, L.P. would be nothing"). In one seance I attended, L.P. had been asked to divine the cause of sickness of a yak. After large quantities of chang (beer) had been consumed, the curtains of the house were drawn. L.P. washed his hands and, while reciting kyanTu (mantras), began to construct a special altar at right angles to his normal household altar. (L.P. explained that a separate altar was required to keep the high gods - inhabiting the household altar - separate from the low gods and shrendi that would be invoked during the seance). On the top level of the new altar were placed 7 offering bowls containing chang and maize, with strips of mar (butter) on their sides, plus 2 tormas (dough effigies representing the gods). Underneath this were placed 6 cups of water and 1 of milk, plus 2 butter lamps. (L.P. explained that the materials for the offerings must come from the client so that an exchange relation is established between the client and the gods, while the materials for the tormas must come from the lhawa, so that an exchange relation is established between the lhawa and the gods. Note how this is very different from the situation where an amji or doctor heals a patient by prescribing medicines that come from the healer - i.e. where no exchange relation with the gods is established).

When the altar was ready, tu (holy water) and flour were sprinkled around the altar area, sang (incense) was burned, and 2 of the offering bowls of maize, plus a plate containing striped red and white material (provided by the client) were offered to the gods, along with the throwing
of grains of rice into the air, and recitation of more mantras. L.P. then sat with his back to the household altar and alongside the new, temporary altar, untied his long hair (a traditional characteristic of lhawa), blew on and rubbed his tanga (rosary) and placed it on the temporary altar. With eyes closed, holding a dorje in his left hand and throwing rice grains with his right, L.P. then began to recite his molam (or, as it was explained to me by another onlooker, to "sing a love song to his girpa") in a slow, melodic, almost melancholy voice. A few minutes later, now ringing a bell as well, L.P. began first to sway, and then to shake (shroo), slowly, initially, and then progressively faster. Still singing and shaking, but now also grunting, burping, and occasionally puffing hard, he placed on his shoulders a cloak (given by previous clients and with many strips of coloured material attached to it), then put on his ringa (shaman's head gear, consisting of 5 painted panels representing the 5 Dhyani Buddhas, and strings knotted to "keep the shrendi from coming too close"). Finally, L.P. began to beat his nga (drum - note that this is the same term used for the 'power' of non-celibate Sherpa healers: i.e. the drum is a fundamentally important part of the lhawa's chopa (paraphernalia).

At this point L.P.'s wife and the client sat down on the floor opposite him. The client attached a strip of white material to his cloak, and his wife began to interpret the by now quite guttural sounds emanating from his mouth. She explained to the client that a nerpa was the cause of the yak's sickness and was demanding a long list of offerings. Suddenly the drumming became much louder and faster. L.P. opened his eyes and began to bounce violently on his seat, waving the dorje madly in the air, spitting on the altar and demanding chang and raksi (spirit alcohol). His wife, clearly concerned, explained that a pem (from a neighbour) had now also possessed her husband and was indicating that it was angry at not being invited to the client's recent party. The pem demanded that all onlookers leave the room except for the client and L.P.'s wife (because the pem was "embarrassed" at being identified in public as a pem). Food and chang were then offered to the nerpa and pem "so that they would leave quietly." Minutes later, the drumming stopped and the temporary altar was dismantled. L.P. invited the onlookers back into the room for some more chang and the yak's owner paid L.P. his fee (in this case Rs.80).

It was explained to me later that the lhawa's rituals are relatively private affairs because the possession mode of communication with supernaturals is very direct and makes them uneasy. A minung, however, can contact supernaturals only indirectly, and thus more public rituals are possible. The lama's and monk's rituals, however - because they are directed to the high gods and thus imply a greater authority and control over supernaturals, and are designed to release a more generalised preventive healing power - are very much public events. Indeed, public participation is often essential for preparing the offerings, the hospitality for the lamas and monks, and so on. While I witnessed many lamas' rituals, and 13 minungs' rituals, I was only ever able to be present at 3 lhawas' rituals.

L.P. made it clear to me that he was not interested in explaining to Westerners the details of his practice (unless they offered to pay the right price! - which had been done by at least one European television station!) This was partly because doing so would anger the gods, but also, I suggest, because it would threaten his monopoly of the knowledge. On the whole, lhawa-minung tend to be conservative with regard to breaking the rules surrounding the control of their knowledge. No
Lhawa-minung has had any extensive Western education, few have spent lengthy periods of time outside of the Khumbu, and all stressed that their knowledge and methods, having been given them directly by the gods, cannot be altered without threatening their exchange relationship with the gods. The idea of innovating to capture the public's imagination was simply not considered relevant to the situation of the Sherpa lhawa.

The lhawa A.T., (discussed by von Furur-Haimendorf 1964: see above) was still fairly active in his village of Khumjung while I was there, though suffering from tuberculosis. (The Hospital had made considerable effort to have A.T. participate in treatment, but with only limited success. Recently I was told that he had died.) A.T. came originally from Kyabkak province in Tibet as an 18 year old. When he was 12 he began to have confusing visions (involving inversions as flat plains where there should have been mountains, high lamas performing low activities, etc.) and to shake (shru) uncontrollably. He was eventually taken by his father to the abbot of the gonda at Rongshar, who identified his problem as a calling by the Tibetan mountain god Kin-dang-khepa-karb. A.T.'s mother's mother's brother had been a lhawa. His father's father's brother had also been a lhawa, but is said to have called a female who was not a relative. There was thus some uncertainty as to the identity of the girpa who was calling A.T. Nevertheless the abbot agreed to empower him (tsolam betup) as a lhawa. The abbot also instructed A.T. to go on a pilgrimage to holy places (nye) in Solu-Khumbu as a means of gaining sonam (merit) and thus increasing his ability to control his possessions. When he arrived in the Khumbu he decided to stay.

A.T. says he was happy to become a lhawa at first in Tibet because lhawa "have more respect and more power in Tibet". Also, his empowering lama assured him that his girpa was 'good', and that his healing activities would therefore be "good dharma". According to A.T. the empowering lama "even shared his cup" to prove that his calling was 'good'. Because he was called when he was still relatively young and 'unpolluted', the shrendi he saw in his possessions were "very clear and very big". When he went to the Khumbu the shrendi became smaller and he was able to control them. However, he was not permitted to practise as a lhawa until he had passed a test in which he successfully divined the whereabouts of particular objects hidden in a house. This test was necessary because he had not been called by a Khumbu girpa and thus had to prove that he was able to call on his tutelary deity while in the Khumbu. (Those who are called and empowered in the Khumbu are not required to undergo such tests.)

After demonstrating the legitimacy of his calling, A.T. began to treat up to 30 patients per month. While I was in the Khumbu, however, he rarely treated more than 5 per month because he was "sick, and not strong enough to take in the tutelary deity too many times. The tutelary deity is bigger than me and pushes my body out until it nearly breaks". A.T. says significantly that, because he is a Tibetan, he has learned to read texts and thus "I know more than Khumbu lhawas". (Again, control over texts is seen to be an important determinant of control of knowledge, and thus of healing power). A.T. also claims to have successfully treated 3 Western trekkers, who heard about him through von Furur-Haimendorf's book. (A.T. seems to credit von Furur-Haimendorf's book with more power than some anthropologists would!)

On one occasion, A.T. was called in to identify and propitiate the cause of a young girl's constant migraines. The girl's elder brother had previously gone to A.T.'s house and explained his sister's basic symptoms. Using a tanga (rosary), A.T. had then made a preliminary diagnosis, of a nerpa attack. After dark, the brother went to collect A.T. and returned carrying his basket (dzemel) of paraphernalia (chopa). This chopa included one large and one small brass
"mirror" (*melung*) used for "seeing" the *lha* (high gods) and low *shrendi* respectively; a number of small zinc bowls and two large brass bowls used for offerings; a butter lamp; some maize; a cloak (*nyendor*) to which was attached a number of strips of white materials (*ngentar*); a headdress (*ringo*); and, of course, a *nga* (drum, which A.T. referred to in Nepali as *damaru*).

First, A.T. was offered a number of rounds of *chang*. Then, to the accompaniment of mantras, A.T. erected an altar on which was placed the zinc and brass bowls containing offerings of maize, rice, *chang* and water. *Sang* (incense) was then burned and A.T. began to chant his *molam* (secret invocation to his tutelary deity) and to sprinkle rice grains on to the *melung* (mirror) to attract the *lha* and *shrendi*. After several minutes they 'appeared' in the *melung* and A.T. put on his cloak and began to drum slowly, chanting all the while. Soon he began to shake, beginning with his fingers, then his arms and torso, and then his whole body. As he did so, he placed his *ringo* on his head and drummed louder and faster, alternatively chanting and hissing. When the shaking reached its most violent, the *ringo* suddenly slipped down, the drumming ceased, and A.T. fell backwards, grunting in a low, guttural voice, and then jumping lithely from one spot to another and demanding *chang* and *raksi*.

After these had been provided, the *nerpa* now possessing A.T. identified itself as the patient's maternal grandmother, who had died in a state of poverty some years earlier. She demanded a series of offerings and then suddenly departed, leaving A.T. exhausted on the floor. After a few minutes he packed up his *chopa*, collected his fee (Rs.30) and left, leaving the household members to eat their dinner.

Two days later, the girl still having her migraines, the process was repeated. This time the *nerpa* indicated that the offerings had not been sufficient, and demanded that the girl's father make a special offering at the subsequent *lhadet* (quarterly household propitiation of the *lha*). The *nerpa* being then apparently appeased, the girl's migraines disappeared and everyone was happy. This time, A.T. received a higher fee (Rs.65) plus some tea and salt because, according to the girl's father, "we give more to healers who can treat successfully".

A number of *minung* commented to me that their ability to heal is hampered by the fact that they do not receive as much payment as do *lha-wa*, particularly the more famous ones such as L.P. and A.T. That is, less healing power is released because there is less invested in the healer-patient exchange relationship, through which healing is effected. Also, because of this, a *minung*'s cures are regarded as taking longer to effect. Note that high lamas and monks expect much higher fees, and patients expect much better results. This is significant, given the Hospital's policy of charging only a nominal fee of Rs.1 per consultation, which Sherpas see as implying little investment and thus, little return).

The other *lha-wa* in Khumjung is N.T., a 55 year old ex-mountaineer, occasional trader, and owner of the village flour mill.

N.T. originally came from the Teshu area in the Thame valley where his family owned the flour mill. After experiencing much misfortune there, he was advised by the abbot of Kyerok *gonda* to move to Namche, but people there gave him trouble, so he finally moved to Khumjung. Nevertheless, he still goes to Kyerok every 3 months to perform *lhadet*, and he participates in other Thame rituals and festivals.

N.T. was called to be a *lha-wa* by his father's father, who was also a *lha-wa* (perhaps the same *girpa* as L.P.'s, although I was not able to confirm this). The calling occurred when he was 12 years old, while looking after the yaks up high at a *yerva* (summer pasture settlement). He saw
two babies, one of which was "lost". For several hours they screamed at him, then suddenly disappeared. When the sun rose the next day, he saw many colours and many shrendi and remained like this for nearly two years, becoming "like nyumbu [crazy]" at full and dark moons. At about the same time, L.P. had also received his calling, and both boys were finally taken to the then abbot of Kyerok gonda, who confirmed that both had been called to be lhawas. While L.P. accepted the calling, N.T. at first resisted, and thus, as a result, is "now less powerful than L.P. because the gods are angry with me". (This, he believes, was the cause of his misfortune for many years).

Finally, at the age of 23, N.T. correctly divined the identity of a nerpa causing pain to a Pangboche man, and began thereafter to practise as a lhawa. At no point did he receive training, gaining all his knowledge and skills directly from his tutelary deity (as is the case for all lhawa-minung.) Like L.P. (perhaps because he shares the same tutelary deity), he must be assisted by his wife while possessed. He treats approximately 5 cases per month (though more in the monsoon when "people sleep less and get sick more"). He says that patients often ask him to repeat his treatments because he has less power. (One patient from Phunki Tenga has consulted him 13 times for a 'bad luck sickness', still without success). He commented that he cannot refuse requests for healing because, if he did so, he would get sick himself as the result of his tutelary deity's anger. (He says, however, that "lamas can say no to requests if they are too busy with religious work, because that is more important"). His payment ranges from Rs.20 if he is not successful, to Rs.200 for wealthy patients who are deemed cured (though, he added, somewhat pointedly, that a Western researcher once paid him Rs.500 to witness a scance!)

Unlike the lamas, monks and amjis, lhawa-minung can be either male or female (the latter are sometimes referred to as lhawum). Some Sherpas suggested that a girpa will only call someone of the same sex, but there does not appear to be evidence for this. In the village of Phortse, the most active of the two lhawa is a middle-aged woman, P.D., married to a banzin lama. She is very devout and was very hesitant about discussing her activities as a lhawa, claiming that she knows nothing about what happens when she is possessed "because it is the lha, not me". In fact she claims that she is not really a lhawa at all, even though she uses possession (lhabeu), because she does not have a nga (drum) or a nyendar (cloak) or a ringa (headdress).

P.D. was called as a young woman while at her yersa. One morning, she was suddenly blinded by a red light, followed by several hours of flashing colours and a feeling of vertigo, then she "died". Members of her family found her and took her home, but she continued to see many shrendi. Her husband, who is a banzin lama, finally divined that the red light that she first saw was the robes of a high, deceased lama, and this automatically empowered her to serve as a healer, even without the required chopa. P.D. claims to not enjoy her work, and to treat only approximately 2 patients per month, mainly the elderly and those with whom she has reciprocal obligations. (Comments from other villagers, however, suggest she works much more than this.) She claims to know nothing about other healers, and therefore does not refer her patients to them, nor go to nor refer her patients to the Hospital "because this is not Sherpa custom".

The other lhawa in Phortse has, in fact, now become a tawa (monk) at nearby Tengboche gonda.
While there are at least 2 nuns in the Khumbu who also serve as minung, it is considered, by most Sherpas, virtually impossible for a monk to serve also as a lhawa. (This appears to imply that the separation of monastic from pre-monastic institutions and approaches is more pronounced, and significant, for males than it is for females, although no Sherpa I spoke with would acknowledge this).

The tawa, Ng.T., was 'called' at the age of 6 (he is the eldest of 5 boys) when he was with his family up in the yersa (note the high proportion of callings taking place at high altitude). Ng.T. claims to have been "dead" for several hours and was attacked by a shrendi wearing red down pants. (When I pointed out this might have been me - I was renowned for my red down pants - Ng.T. answered that no, the down pants of the shrendi were much cleaner!) After 1 month he was taken to Dipu Rimpochoe who confirmed his calling and performed an empowerment (tsalam betup). He began to practise at the very early age of 7 (dealing mostly with conditions caused by pem and nerpa) but it was not until he correctly divined the whereabouts of a missing young man (drowned in a river) that his fame began to spread. Soon he was treating up to 10 patients per month, but his parents (who are fairly wealthy) became increasingly concerned that his activities might bring tip (pollution) and dikpa (sin) to the family, so they decided to put him in Tengboche gonda to become a monk. He is now 23 years old. He acknowledges that he still occasionally works as a lhawa when necessary (to fulfil reciprocal obligations and "keep the gods happy") but he is very reticent about discussing his activities. The abbot at Tengboche gonda apparently tolerates his activities, so long as they do not interfere with his monastic training and do not take place at the gonda.

One of the oldest residents in Thame valley, Gaga P., was a very powerful lhawa in his youth and, until his recent death at the age of 90, still practised occasionally. He was a member of the Thaktu clan (and it is interesting to note that clients from the same clan tended to remain more loyal to him as he grew older, than clients from other clans).

As a child, Gaga P. received his calling from his mother, while she was still alive, but did not receive any training from her ("because lhawas cannot teach each other") and could not control his possessions (by a local yul lha) or begin practising, until she was dead. He married a kuma (female cretin) and four of his seven children were also kumakwawa. When he was younger, he used to be noted for his ability to resemble physically the particular lha or shrendi that were possessing him. (It is said that, even as a 70 year old, he could swing from the rafters when possessed by a particular monkey deity). He was also famous for his divination technique of swallowing a large piece of material while possessed, regurgitating it, and interpreting the "colours" left on it, indicating which particular lha or shrendi was possessing him.

In the 5 or so years before his death he became very decrepit, receiving very little care from his family (who, as cretins, were very poor). He limited his activities to non-possession modes of divination, and referred any difficult cases to other healers. He still, however, received up to 10 requests per month from clients. Just before his death he was being carried in a doko (basket) by one of his sons up to the yersa, when the doko slipped and he fell out, gashing his head. What is interesting is that he refused to be treated by the doctors or health post staff, but called me instead. However, he refused to allow me to clean his wound or apply medicines to it, demanding that I simply apply a white bandage. When I discussed this matter with others, they advised me not to try treating him at all, explaining that his tse (life-force) was finished and that any treatment would merely make the gods angry. He died several days
later and was given only a very small funeral "because he was a lhawa and did not have good relations with people; his family was poor, and did not care". Later I was told that most lhawas expect only a small funeral because they are not likely to be reborn as anything other than a mishi tsengya (middle level supernatural).

Virtually all Sherpas accept that, in theory, a person can be called to be a lhawa only by a girpa, and that only one person is called by each girpa. Yet there are at least 3 cases where this rule has been broken. When I pointed out this anomaly to my informants they were somewhat bemused by my concern. One person responded: "for you, this is this and that is that, but we Sherpas live with the lha and rely on their knowledge about such things".

In Gomila, in the Pharak area, a middle-aged woman, P.D., who was recently called to be a lhawa, is already recognised as a very powerful healer. However, her case breaks many of the normal rules associated with callings. Firstly, her girpa (identified as her mother's father) was recognised as having originally called her mother's brother, N.T. Though now elderly, N.T. still practises as a lhawa and refuses to give his niece his chopha (healing paraphernalia) through which her possessions could be more effectively controlled and directed. This is the cause of considerable conflict between the two. (She herself claims to suffer from tip because of this). She explains the double calling as follows: "Sometimes the girpa gives him The power, sometimes me. But the girpa knows that I am the stronger, so the power is coming more to me". The people of Pharak clearly respect/fear her power. One informant suggested that her power may, in fact, derive from her being a pem, a suggestion based partly on the fact that she was single for a long time, married late in life after pressure from her mother, and then became widowed soon afterwards.

Secondly, P.D. claims that her power comes in part from eating meat and drinking chang, behaviour of which lu and the lha associated with healing, normally do not approve (but which the dui like). The implication here appears to be that the normal rules associated with keeping lu happy are suspended in her case because of the unique nature might be evidence of her power deriving directly from a dui rather than a girpa. Thirdly, P.D. claims that her calling occurred immediately after the birth of her first child. Rather than feeling lethargic, and resting (as is usual), she was filled with great energy and began to shake and see shrendi (though not clearly at first because "the power to see shrendi clearly was being blocked by N.T.".) Fourthly, after consulting a lama who divined that her condition was NOT a calling, she then consulted a lhawa, who divined that it WAS (an extraordinary event by any reckoning. Fifthly, this lhawa divined that she would be a 'bad' lhawa and thus "tied the thread" (tsalam dangbup) to stop her calling, but she continued to shake, until finally the lhawa agreed to empower (tsalam betup) her (again, an extraordinary event). Sixthly, the lhawa instructed her never to treat patients in their own houses (contrary to the norm) because she would not be able to control her possessions there. Furthermore, she claims to be able to practise megvoup (moxibustion) as part of her repertoire, a practice normally reserved for the amjis. Finally, unlike most lhawa-minung, P.D. has much respect for the Hospital, claims to refer her patients there regularly, and goes there herself when she is sick.

The most obvious conclusion to be drawn from all these apparent anomalies is that lhawa (and
are subject to much greater flexibility with regard to callings, practices, etc. than are the lamas, anjis and monks. There might even be a case for suggesting that, because of this flexibility, lhawa-minung enjoy more scope for agency and innovation than do lamas etc. What is interesting, however, is that neither lhawa-minung, nor their clients, perceive this flexibility or opportunity for agency. Nor do they appear in any way concerned about the apparent anomalies involved in P.D.'s case.

One informant said "the most important thing is that she has the power to heal. It is not up to us to ask where the power comes from". While young people tend to favour P.D., and the elderly her uncle, N.T., there is apparently no sense of gender being a factor in choice between the two. Occasionally a patient will go to both P.D. and N.T. In such cases, that patient will expect similar divinations of cause, but different treatments. Some patients say that P.D.'s power is because her girpa is still alive, but others say that she will inevitably become even more powerful when her uncle finally dies a

This case is also interesting because of the nature of her uncle N.T.'s calling. According to one informant, his girpa called on a dui, who lived in a large stone, to entice N.T. on to a white horse. The horse then rode into the stone with N.T. on it, and he was trapped there for a week while the girpa taught him how to be a lhawa. After this, N.T. commissioned a ritual to consecrate the stone as a māni, thereby counteracting the power of the dui. Another informant commented that this story suggested that N.T. was not called by a girpa at all, but rather by a Hindu banjankhri (forest shaman spirit). Furthermore, if this was the case, P.D. (rather than N.T.) was indeed the one called by the girpa. (The traditional rivalry between Hindu and Buddhist shaman spirits might also explain why P.D. and N.T. had such bad relations).

The importance of having access to a girpa's chopa (paraphernalia) for the control and focussing of one's possessions is seen in the case of a young man in the Thame valley, who has been called by his deceased father to be a lhawa. His younger brother, concerned about the potential tip and loss of status that might flow on to family members as a result of his older brother's activities as a lhawa, has refused to hand over his father's chopa which he inherited, along with his father's house, as the youngest son at the time of division of his father's property among his sons (hīlubanda). As a result, the older brother has been unable to control his possessions fully, and lamas have thus far refused to perform the empowerment ritual. Relations between the brothers are strained, and the younger brother is said to suffer from headaches and a bleeding nose (caused, some say, by his father's anger) but he continues to refuse to hand over the chopa.

There is an important difference of opinion among Sherpas as to whether a lhawa is able to control
his/her tutelary deity (some say that this would be necessary for the lhawa's activities to be efficacious) or whether the lhawa's 'control' of their possessions merely reflects total passivity and the ability to serve as a conduit for the tutelary deity (this is the preferred view of the religious elite). This issue has important implications for the prevention of sorcery (lhatarou) - i.e. if a lhawa can, in fact, control their tutelary deity, they are also more likely to be able to perform malicious activities intentionally. The Sherpas' reluctance to acknowledge the prevalence of sorcery in the community is perhaps one reason why lhawa are seen more as passive vessels for the gods than as active, 'ecstatic' shamans of the so-called 'classic' tradition.

While lhawa exercise a fair degree of influence in the community, this influence derives from, and concerns, their healing activities only. No lhawa plays any extraordinarily active social or political role (indeed, there appears to be an inverse relation here) and many lhawa complain that their possessions are a source of both tip (and thus physical weakening) in this life, as well as a source of demerit (and thus spiritual weakening) for their next life.

8.2.2 Minung.
The term minung may be glossed as 'diviner', although this is somewhat misleading, since all healers practise divination. According to one informant, the term derives from the verb miktongup, literally 'throwing of eyes' (or the ability to see other levels of reality as divination requires). The minung serves an important role as a first line of resort in cases of sickness, a kind of referral agent who, as one Sherpa informant put it, "points" to a cause of sickness. The lhawa, on the other hand, "becomes" the cause, through possession. Put another way, the minung is an interpreter of cause, while the lhawa is a more direct expression of it, and thus has more control over it. Furthermore, while a lhawa will express multiple causes (where these are relevant), a minung can generally identify only one cause at a time. While a lhawa will express a variety of causes, a minung tends to specialise in particular ones (e.g. a number of minung are renowned for their special relationship with lu). A minung is thus, in many ways, less powerful than a lhawa. However, they are also generally less difficult to deal with. And their assistance is invariably a lot cheaper.

Divination (tobeup) encompasses a variety of techniques, including the use of the rosary (mogyoup), the throwing of dice (shokurup), the interpretation of dreams (milam lhap), the interpretation of texts of various kinds (primarily the lhemugyezu and the dada) and the use of a notched divining stick (senpar). Astrological data pertaining to one's birth is very important for purposes of divining the
cause of sickness (though not important for much else. One female minung, who is also an ani (nun), is said to be able to divine the cause of her patients' conditions by having the symptoms transferred on to her and experiencing them in the same way as the patient. (This is the only instance where this method of divination is used).

Divination by dice (shokurup) is one of the more common methods of divination in the Khumbu. The minung must meditate ("think strongly" miwa gumbup) on the lha while holding the dice and blowing on them "to make them powerful" (nga gyoup). The dice are then thrown into a pot and the numbers counted. These numbers are then interpreted according to a text (mopi) which was given directly to minung by a mythical ngakpa ( tantric lama). Once the major cause has been identified by this method, refinements can be made, using other methods, and other texts can be referred to, to determine subsequent action.

According to one lama, the power to divine through dice derives directly from Urkien Rimpoche, whose decision to travel from India to Tibet (bringing with him the Buddhist religion to Tibet) was made after consulting dice. The successful use of dice thus requires the ability to meditate on Urkien Rimpoche in particular (and not just the general category of lha), which requires specific knowledge about, and good relations with, Urkien Rimpoche and his religious tradition. That is, the ability to use dice effectively is concentrated among the lamas. The minung, on the other hand, (according to the lama) have derived their use of the dice from Lowen Rimpoche, one of Urkien Rimpoche's subsequent incarnations, who believed he was superior to Urkien Rimpoche and established his own separate healing tradition. Even many minung acknowledge that while they can use the dice, their efforts are less accurate (and thus less successful) than those of the lamas.

Divination by rosary (mogyoup) is another common method, often used in conjunction with other methods as an initial stage of divination. To the accompaniment of special, secret invocations to the lha, the rosary (tanga) is purified by the minung by passing it through sang (incense smoke). The minung then rubs the tanga between his hands ("to make it move"), raises it to the forehead ("to call the gods to come") and then selects an arbitrary point on the tanga from which to begin counting. Usually, two beads are counted at a time. If the remainder is 1 or 3, the divination is likely to be positive, but if it is 2 or 4, it is not. This process is repeated three times ("to be sure"), and is repeated for subsequent, more specific questions and issues arising (e.g. in the case of a divination of the whereabouts of a lost animal: is the animal alive or dead?: if alive, is it up or down?: if up, is it below Tarna or above? etc.) What is interesting here is that each healer has slightly different
techniques and methods of interpretation of results, according to his *girpa* as well as the particular context. Yet no healer claimed to have any control over the particular techniques used or interpretations made, pointing out simply that they serve as the vehicles for the knowledge given by the gods.

Divination is by no means the sole prerogative of the *minung*. Indeed, divination is also fundamental to the work of *amji* and lamas and monks. (Divination by lamas is referred to as *sungdakshop* - i.e. a respect form of the verb, to differentiate it from the relatively 'lower' *lhabeup* performed by *minung*). Furthermore, *lhawa* may well perform a general divination with a rosary before divining more specifically through possession (*lhabeup*). It is interesting to speculate, then, why the *minung* remain so important in the health-seeking process. It would appear that it is due less to their methods or functions, and more to the nature of the relations obtaining between them and their clients, their proximity to their clients, and perhaps the familiarity or accessibility of their activities to their clients. (We shall return to this issue in the next Chapter.)

K.L. is a single female *minung*, approx. 55 years old, of the Mormintso clan. Although she comes from a relatively wealthy family, she herself is poor because she ran away to Darjeeling as a young woman (to avoid marrying a man chosen for her by her father) and thus did not inherit. She worked as a porter for several years before becoming a *minung*. Her calling came from her mother, who had also been a *minung*. At first she tried to resist the calling (by tying a thread on her fourth finger to "stop the shaking") but she continued to see *shrendi* in her dreams (*milam*). Her four brothers and four sisters refused to help her. Now she lives with her widowed sister and has a close association with the *ubha* pradhan (village government representative whose mother's mother was K.L.'s mother's sister).

K.L. specialises in conditions caused by *lu*, treating up to 12 patients per month for these conditions (as well as conditions caused by *nurpa* and *pem*). Occasionally she is requested to send away the *gyaptak* (shadow spirit) involved in cases of *tuk* but then refers patients to amjis for further treatment. She says that she uses "only food offerings to make the shrendi happy, because this is what they want most. Also, her patients are often poor and do not have the materials required for more elaborate offerings. (She calls her activities *kukpananche* literally, 'silent but clever', because she considers them less elaborate but just as effective as those of other *lhawa-minung*.

K.L. is clearly very sceptical of allopathic medicine, having never visited the Hospital, and only once visiting the health post (at my insistence, for a shocking abscess on her hand). When she is sick she consults only the *lhawa L.P. "because it is better to believe in just one healer, so that you can have good relations with him, than to collect healers like grass at the *yersd*'. Of all the *minung* in the Thame valley, she is perhaps the most overtly critical of others (though never criticising individuals as such). At the same time, she acknowledges the superior power of lamas and monks, referring to them my questions about her perceptions of the future of *lhawa-minung "because I am not a lama and cannot know such things". She would like to stop doing *minung* work and devote more time to religious work (her own distinction) because "*minungs* work causes too many bad relations".
One of K.L.'s main methods of divination is to sleep in her patient's house, where she will dream (mila lhap) the cause of the sickness. (These dreams began when she unsuccessfully tried to resist her calling - see above). In general terms, dreams - especially those just before waking - are considered by Sherpas to be very important. In fact, a moderate amount of dreaming is considered necessary to maintaining a correct balance between waking and non-waking states of reality. According to amji, dreams dreamt just before waking are thought to be caused by an excess of wind; those dreamt at midnight, by an excess of bile; and those early at night, by an excess of phlegm. Few lay Sherpas, however, had heard of this. One amji noted that the importance of dreams within the Tibetan medical tradition had decreased in recent years, and dreams are now considered to be the work of minung, carrying relatively less status. The monastic establishment does not at all favour the use of dreams for divination.

The interpretation of dreams varies considerably both by healer and according to the circumstances. Some healers use texts to help them, while others such as K.L. appear to rely on symbolism. For example, dreams of raw meat suggest approaching sickness; those of snakes suggest sickness caused by lu, and sometimes pregnancy; those of a female shrendi suggest that the cause is a pem or lu, and those of a male shrendi suggest a nerpa; those of a host offering hospitality with his left hand, or to only one or two guests, suggests that the cause is a pem; those of a patient "without a face" suggest that the patient's tse (life-force) is finished, and cures are not likely to be effective; and those of death suggest approaching death.

Prior to my first meeting with K.L., she had expressed to my research assistant considerable concern regarding his involvement with my subject of research. This was because she had dreamt that a kind of rat (rimung) was running around in his house and upsetting a lu. (Note that subsequently my research assistant developed a sore on his lip, divined, by another healer, to be caused by an upset lu - see above). K.L. agreed to meet with me only after she had been commissioned to perform an offering ritual to appease the lu.

K.L. sometimes generates dreams by placing a piece of her client's clothing (from only the upper part of the body) under her head when going to sleep, and then invoking the assistance of the lha with a secret invocation to visit her in her dreams. This may take up to 5 nights to achieve, but a number of her clients claimed that this method was very successful.
On the other hand, many Sherpas commented to me that the use of dreams to divine is a 'low' technique and somewhat unreliable, as one informant explained, because "too many dreams - especially 'low' dreams - can make dreams become real". Too much dreaming is said by some to be caused by lu and can itself cause sickness, requiring special offerings to the lu. One informant commented that sickness can, in fact, be prevented by practising refraining from dreaming at all, or dreaming only 'high' dreams. The higher the person, the less likely that s/he will dream, and the less likely that the dreams will cause sickness ("because the dreamers can understand them"). One informant commented that the dreams of lhawas are more reliable, and thus, more important to healing than those of minung because of the lhawas closer relationship with the lha and the shrendi.

T.T. is another minung who includes dreams in his repertoire of divination methods. He is approx. 65, came originally from Tibet, and in the past was an 'assistant' to Namche traders. He was first called as a 25 year old when he first came from Tibet, but could not identify a girpa.

Nevertheless, he received kaku (blessing) from a high lama, and instructions as to how to interpret dreams (because he had no chopo). He soon began to practise as a minung. These days, however, he claims to have lost much of his power because of his lack of an identified girpa, and because of his reliance on dreams without chopo. He says: "if I was in Tibet my dreams would be clearer, because I would be closer to the girpa and would have chopo, but in the Khumbu I am just a servant of the shrendi". He tries to discourage people from consulting him "because I am successful in only half the cases".

A.T. is another minung originally from Tibet, emigrating some 25 years ago. He lives alone in a small home, earning extra income as a seamstress. According to A.T., the eldest male in each generation of his lineage has been called as a minung for at least 5 generations. His father, however, was not called, and, as a result, both A.T. and his brother were called. His brother remained in Tibet and became a famous minung. Since his brother's death, A.T.'s power has increased because his brother's power was transferred to him. He now treats an average of 20 patients per month. Many of these are Tibetans because "Tibetan people have better relations with the Tibetan gods that I call". A.T. explains that when a healer is asked to heal away from his/her home, he/she must call, for assistance, both the tutelary deity and the local gods, but control over the latter is problematic. (This is one reason why healers prefer not to heal away from home, and why healers' clients tend to be from the immediate area, even if the healer is famous. When Sherpas visiting Tibet require healing, they must rely on the assistance of Tibetan gods).

A.T. is also said to be able to perform lhatarou (sorcery) and as a result, he is somewhat feared by many Sherpas. His family are not happy with his activities, and, as a result, have moved to Kathmandu. While he claims to be able to treat a variety of conditions caused by supernaturals, (particularly lu), he acknowledges that he knows little about nerpa "because we don't have nerpa in Tibet". A.T. claims to receive little compensation for his healing activities, other than food and chang.

One of the first cases of healing that I witnessed in the Khumbu, involved A.T. He was called to cure a neighbour's sore knee:
M.N. is a 30 year old, well educated and successful trekking sirdar who has spent several months in the U.S.A. visiting a 'sponsor'. On the way home to the Khumbu, after a trek, his knee suddenly became inflamed and very painful, and he called in A.T. The first consultation was held early in the morning. A.T. asked some perfunctory questions about where the pain was located, and then burned some sang (incense) in the fire and passed his tanga (rosary) through the smoke. After "reading" the beads he pronounced that the problem had been caused by a rongpa dui (Hindu demon) rather than by local lha or shrendi. The rongpa dui was "pulling on the rope in the leg" and had to be enticed out of the leg and propitiated. A.T. instructed M.N. to gather 5 objects representing things which rongpa dui like: an egg (chemendo); red tikka powder (placed by Hindu priests on their clients’ foreheads); betel (supari); leaves from a lowland tree, and rice grains.

That night, A.T. returned and, after being fed dinner and much roksi, washed his hands and began to prepare the offerings, to the accompaniment of mantras. Firstly, a brass bowl was filled with maize, rice, chili(es) and bits of coloured material (ngantar), on top of which was placed a piece of black material (to attract the low shrendi and lha) attached to a sprig of fresh juniper, a smaller bowl of butter (num) and ashes, and the egg (half of which had been painted black with the ashes). This bowl of offerings was for the rongpa dui and other Hindu gods. Then in a larger brass plate filled with rice and with butter strips on its edge, were placed three sprigs of juniper (also smeared with butter). The first one had a white ‘flag’ (tar) attached to it to attract the high gods (note the pervasiveness of the black and white symbolism — see for example, Ortner 1978b). The second had a black-and-white flag attached to it, and the third had a combination of red, green, blue and yellow flags (representing the "four directions") attached. This latter plate of offerings was for the Buddhist gods.

Once these were ready, A.T. burned more incense, took the juniper sprigs and flags from the plate for the Buddhist gods, and wafted them through the smoke. M.N. was then given a coin to place on the plate, and chang to offer to the gods and then drink. The plate was then taken to the household altar and offered to the gods, along with incense, and to the accompaniment of mantras. (At the time, other household members and guests were drinking chang, talking and laughing, and virtually ignoring A.T.’s activities). Butter was then placed on the top of M.N.’s head, the flags were again wafted through the incense smoke, and waved over the top of his head. Then the flags were placed in an upright position in the plate, which was taken outside and put on a rock. The butter was then burnt. Meanwhile, the bowl of offerings for the Hindu gods was placed on the window sill. After more roksi and chang, everyone went to bed.

The next morning, before dawn, A.T. took the bowl outside and offered it to the Hindu gods. While M.N. was still asleep, he placed butter on the latter’s cap and wafted more incense over his head. Then he picked up a rounded stone and, with ashes, drew a scorpion-like figure on it. When M.N. woke up, A.T. took his rosary and waved it over M.N.’s knee, running through the beads 3 times and "singing" his invocation to his tutelary deity. Then he made a ngamar (ball of butter mixed with powerful herbs) and massaged M.N.’s leg in vertical movements with it. Next, taking the stone, he stamped the figure of the scorpion on 5 places around the knee. Finally, after more incense and mantras, rice grains were scattered over the knee, and the ritual was deemed complete.
Apart from a general underlying structure of identifying, invoking and propitiating the cause of sickness, A.T. claims to have no conscious strategy or technique, his actions being directed wholly by his tutelary deity, and varying from case to case. He commented, for example, that "sometimes I do the curing at night and the offerings in the morning, sometimes vice versa, and sometimes both at night". However, he was unable to explain to me why. This was the only occasion I saw this particular method being used, either by A.T. or other healers. In fact, this was one of only three occasions that I saw evidence of a physical curing technique being applied to the body by minung. When I asked about this I was told: "the doctors heal by rubbing and cutting the body and that is one way, but it is a low way. It is better to get the lha to heal directly. That is the Sherpa way".

Conditions caused by lu appear to be a specialty of the minung. In the village of Phortse, for example, the minung there, A.K., specialises in lu conditions because the lkhawa claims not to be able to deal with them. A.K. also notes, however, that his ability to appease lu is becoming increasingly compromised by his fondness for chang, which lu proscribe. Also, A.K. is poor (in fact, he was a servant in Namche prior to being called to be a minung) and "lu like only people with lots of money". Nevertheless, A.K. claims to treat between 5 to 20 cases of lu-caused sickness per month (the fluctuation due to the changing seasons and thus, variations in lu activity -see Chapter 4).

While no two treatments are the same, the use of flags (tar) to attract and appease lu is a common feature. One minung, S.L., is well known for his ability to appease lu with tar.

D. had been suffering from sore joints, lethargy, and a sense of having her head pulled backwards. She had previously been treated by S.L. for an attack by a nerpa but her symptoms had continued, and S.L. had been called a second time, divining, on this occasion, that a lu was the cause. As part of his preparations, S.L. attached 5 different coloured strips of material (which he called nenga) to a sprig of juniper. The nenga are used to propitiate the lu. Then a white tar was attached to a second sprig of juniper. This is used to propitiate the lha. Then an additional white tar was folded and rubbed with ashes so that, when unfolded, it was striped black and white. This is called duthaktbau and is used to propitiate the sahtak. Finally, a third white tar was covered indiscriminately with ashes. This is called dusinakpu and is used for the dui and low shrendi.

During the ritual itself, these various tar were waved over D's head and around her shoulders and torso. The black and white flag was then placed upright in a plate of crushed tea leaves, buckwheat flour and butter, and taken outside. Then the red and green tar from the nenga were attached to another sprig of juniper and taken to the pathway behind the house. Finally, the white tar was attached to a pole and placed near the front door. In this way, explained S.L., "both the lu and its relatives have been made happy".

S.L. claims to have had no healers in his family, and refused to discuss his calling
(5 years earlier, at the age of 55) or the identity of his girpa. Unlike most other healers, he is very selective about whom he treats, and says that he can help only local, longterm clients who have not consulted other healers. Furthermore, he claims to know nothing about other healing systems and thus does not refer patients to other healers. When he himself is sick, he goes only to a neighbour who is known by some to be a minung but who is also very selective about whom he treats. S.L. says that the majority of his patients are women because "lu like women the most because they are just like them".

K., one of the better-known minung in the Thame valley, was recently widowed (at the age of 65) and, after finalising his wife's funeral, sought to become a tawa (monk), even taking on a monk's name. This is partly because, as he explains it, "one son is a tawa and he is embarrassed to have a father who is low and brings tip (pollution)". K. was the eldest of four children. One of his brothers was also a minung. He himself was first called at the age of 13 when herding yaks up at his family's yersa. One day, when he encountered a large number of shrendi walking towards him in brightly-coloured clothes, he became very frightened, "like dead". He sought the assistance of a high lama but without success "because I didn't have the chopä", and he continued to have visions for many years. Because of his condition he was occasionally employed as a corpse carrier at funerals, and, as a result of the tip contracted, slowly lost his ability to see the shrendi clearly. Finally, a visiting Tibetan lama gave him a copy of the lhamugyezu (text) used for divination, and soon afterwards, another lama gave him a divining stick (senpar). With this chopä he was able to begin practising as a minung.

K. explains that there are 440 different kinds of sicknesses, but 3 major kinds of healing:

i) 'low' i.e. that which is directed to the 'outside' (body); ii) 'middle' i.e. that which is directed to the 'in between', and iii) 'high' i.e. that which is directed to the 'inside'(soul).

As a minung he claims to practise 'middle' healing but says "this kind of healing is not good because it is neither this nor that. The strongest healing is that of the inside. Without this there is no long life. Then what is the point of healing the outside?" K. added, however, that there is an important role for doctors to play. In particular, he pointed out that doctors' ability to "cure eyes" is very important, given the significance of being able to read texts.

One of the ani (nuns) at Kyerok gonda, A.N., also practises as a minung. She is approx. 50 years old and has been an ani since she was a teenager. By her own account, she was the most independent of 5 sisters and, because her family was relatively wealthy (her mother had two husbands in a polyandrous marriage), she was sent to the gonda. Her younger father was a minung and her elder father's brother was a bönzin lama. At the age of 45, her younger father died, and she received his calling. At first she resisted, but her visions of shrendi became so frightening that she had to be restrained by other nuns from throwing herself into the river. Furthermore, whenever she accepted apsa (a ritual offer of chang to express or cement a friendship), she "became crazy". Finally the Kyerok abbot assisted and encouraged her to accept her calling. She discovered that she had a talent, began to enjoy her work, and now considers it to be part of her cho (religious work).
A.N.'s first successful case was, in fact, curing the abbot's daughter of a chronic eyesore. (Her mother had angered a local lu by cutting bushes behind the gonda, but the abbot had been unsuccessful in curing her "because they are the same family"). A.N. has also successfully treated animals left to die by other healers "because as an ani I could not let them die, and the gods were happy with my compassion". She is regarded as something of a specialist with pem, explaining this also in terms of her authority over, and compassionate approach to, pem as a nun. One of her methods in divining the identity of a pem is to eat the same foods as those eaten by the pem's victim, thereby causing the pem to attack her, making her sick, and revealing its identity. She says that while nerpa do not respond to compassion and must be forcefully sent away, pem are less consciously malicious and respond better to reason and compassion. When the pem sees that it has made a nun sick, it usually withdraws its influence.

As already indicated, there are a number of minung who are unable to identify the identity of the girpa who has called them. Another such minung is M.T., who was called at the age of 55.

M.T. explains that he does not know who his girpa is because his parents left him when he was a small child. As he grew older, he developed an unexplained interest in the work of minung and learned, from a distant relative who was a monk, to read the minungs' texts. When he was finally called, he simply began to practise as a minung, and his visions of shrendi became controlled. Although very poor, M.T. does not like to charge his patients large amounts "because I heal only for cho [religion], not money". He claims to treat an average of 15 patients per month (although this figure appears to be somewhat inflated) and claims to refer patients regularly to the Hospital. (Recently, however, when he broke his leg in several places he refused to go to the Hospital, claiming that "it is too far and there is no one to look after my animals while I am away"). Occasionally he refers particularly sick patients to L.P. (the lhawa) and claims that L.P. sometimes refers them back to him to ensure that healing has been effected.

M.T. is regarded as something of a specialist with animals (and young children - the connection here was not immediately obvious to M.T., although it appears to have some basis in the fact that both animals and young children tend to be the victims of others' actions rather than their own). M.T. also appears to have a particular ability to appease lu. Over a 12 month period, more than half his clients were divined to suffer from lu-caused sicknesses (I was assured that this was not just because lu were his specialty).

For lhawa-minung there is a negative correlation between their healing power and their social status and influence more generally. There are a variety of reasons for this. One of the major constraints on a lhawa-minung's performance of duties, as well as his social status and influence, is his susceptibility to tip (pollution), deriving from contact with low supernaturals. According to some Sherpas, because most lhawa-minung do not depend on
texts for their knowledge and practice, the accuracy of their divinations is dependent on having a 'clean pulse' (tsatangmu). However, this pulse is inevitably polluted through contact with low supernaturals (while the pulse of lamas is purified through their regular contact with the high gods). At least two minung claim no longer to have the ability to see shrendi clearly because of tip contracted in the course of carrying corpses to cremation sites. (There is, however, some disagreement as to whether minung contract tip as a result of their activities, or are called to their occupation because of their tip and low status. The latter view is, not surprisingly, more common among the religious elite).

Tip is believed to accumulate, and thus has increasingly negative repercussions with old age. Lhawa in particular, claim that their accumulated tip increases the physical exertion required in their possessions. Normally, those who are particularly susceptible to tip (and thus to sickness from contact with others) would merely isolate themselves, but healers, of course, are not able to do this. Finally, tip is said by some to derive directly from the lhawa-minung's tutelary deity. That is, a tutelary deity (as a not particularly high deity) incorporates both a white (karu) and a black (nakpu) aspect (similar to the peaceful and wrathful aspects of protector deities). While the white aspect confers powers and sonam (merit) on the healers, the black aspect confers dikpa (sin), and often the black is dominant (e.g. in cases of sorcery). As a result, the power and dependability of lhawa-minung varies, and this reduces their popularity and status as healers.

Another constraint on a minung's power and status is that they are often required to carry responsibility for divinations which identify wrong-doers in the community, or which impact on social relations. (Note that the lhawa, on the other hand, is not held responsible, because their divinations are considered to be directly those of the deities and shrendi possessing them). At least one minung refuses to perform healing rituals except for those with whom she has pressing kinship and other obligations, because of the social repercussions her divinations have had for her family.

In one case, during my stay in the Khumbu, a gold necklace had been stolen. A minung had been called in to divine the identity of the thief. However, the minung refused to divulge this information directly. Instead, the minung divined that a person in the community was about to fall very sick because of an unspecified act which had caused the lha to be angry. The thief (a lowlander policeman) promptly returned the necklace! (It is interesting to note
that even high lamas occasionally have difficulties resulting from divinations which have negative repercussions for social relations. Paul recounts a case where a high lama was jailed by the Government for identifying (incorrectly) a thief of some religious objects. The community finally came to his rescue and bailed him out, but gave him explicit instructions to refrain from entering into secular affairs in the future.

Other complaints expressed by lhawa-minung about their profession include the onerous reciprocal hospitality responsibilities and obligations incurred in the course of their activities. One minung commented that:

"whenever someone comes to my house for help, I must give him chang. Then when I go to his house, I must have chang. Then when I see him at the market he will buy me more chang. To be a minung is to drink a lot of chang".

The effectiveness of healing is considered to be dependent, in part, on the amount of cash and offerings etc. invested in the exchanges between patient and healer, and healer and deities. Minung generally receive significantly less payment for their services than do lhawa and other healers, thus limiting their ability to heal successfully. While no Sherpa minung claimed to be poor as a result of their activities, they often acknowledged that their efficacy, and thus popularity and status, was constrained by the size of their payment. Indeed, it would be fair to say that the great majority of minung have serious concerns about their lot in life and, more importantly, the possible ramifications of this for their next life.

What is particularly interesting, however, is that this concern is rarely expressed openly, other than to reinforce the higher status and power of the lamas and monks. In fact, the great majority of minung (and even lhawa) are very pious, very self-deprecating, and very supportive of the monastic establishment.

For example, one elderly minung, K.T., is said to have lost his wife because of the tip he accrued, and he remains very poor, with little assistance from neighbours or friends. Yet he continues to treat patients, charging very little, and referring them to other healers if required. He says that

"sometimes women come to me to get help. This makes their husbands angry. If I don't help them, the women are angry. If I am wrong, everyone is angry. If I am right, someone is always angry. This is the life of a minung. All we can do is try to help the lamas. Then the cho (religion) will be strong".

K.T. received his calling from his mother's mother's mother (who was forced to move to the Rolwaling valley because of the tensions generated by her activities as a
minung). His calling continued for several years and was finally controlled with the assistance of a particularly fierce lha from Tibet called Palden Mokoum (or "the god of the dice") who is sometimes worshipped to get assistance in fights. What is significant is that K.T. claims never to have received a special mantra for invoking this god, and thus "can only use the mantras that the laity use". For the same reason he must invoke the assistance of a great variety of deities rather than his own personal deity. By his own account his divinations are often wrong because of this lack of personal mantra and thus deity and cause him much suffering. When I asked why he continued to be a minung, however, he replied "we do not choose to be lhawa-minung. These things are given by the gods. If we refuse them or try to change them we would be challenging the generosity of the gods. That is not the Sherpa way".

Another elderly minung, P.T., explains the death of his two wives, his current poor health, and his poverty as due to the tip deriving from his activities as a minung.

P.T. was first called in Tibet at the age of 8, to be a lhawa, but because there were no healers in his family, his parents did not know what the problem was or what to do about it. He continued to see shrendi for a number of years, often being "carried away on their backs" for days at a time to places where "what should be low was high and what should be high was low". Finally, in his early 20's, a lama advised him that he had been called to be a lhawa, but that the girpa (who was unrelated) was 'bad'. Furthermore, the calling had gone on, uncontrolled, for so long that the lama feared it would be uncontrollable. The lama thus empowered P.T. to be a minung instead, and gave him a tanga (rosary) with which to perform divinations.

However, because he had originally been called as a lhawa, "the shrendi used to get so close that I couldn't see them properly", and thus he was somewhat defenceless, rapidly becoming weak and polluted. Subsequent activity as a blacksmith polluted him even further, reducing his power considerably. As a result, he is consulted only by those who are too poor to be able to afford other healers. (Note the vicious circle here; i.e. pollution => inefficacy => poor clients/small payments => inefficacy, etc.) Since recently becoming sick himself, he has been unable to treat other patients (or himself), thus adding to his poverty (and disallowing him to seek treatment for himself).

Yet, despite all this, P.T. says that he has no regrets. He explains that "some are called to be monks and read texts, and others are called to be lhawa-minung without texts. It is better to accept one's calling, and trust the gods". According to P.T. his real trouble derives from the fact that "girpa, these days, call anyone. In the past they would call only relatives, and everyone knew what to do. But with people coming and going, and new ways of doing things, the girpa get confused and are less dependable. It's just luck".

P.L. is another minung who has suffered as a result of her inability to follow through on a calling to be a lhawa.

P.L. had spent a number of years looking after her sick aunt (father's sister), who had been a somewhat controversial lhawa. (It is said her aunt had received her empowerment not from a lama but from an elderly lhawa who was very powerful at the time. When I inquired how this could be, I was told that the control of
empowerment by lamas was a fairly recent phenomenon, occurring since the introduction of monasticism).

When P.L.’s aunt finally died, P.L. was suddenly called by her at her funeral. P.L. sought the assistance of a lhawa to stop the calling, as did her aunt, but she continued to see shrendi, and members of her family began to fall sick. Finally she called a lama, who advised her to accept the calling, but added that as she had already attempted to have it stopped by a lhawa, she could become only a minung. As a result, her healing rituals have been only partly successful. (As she puts it, she "can see only the bodies (i.e. lower parts) of the shrendi, not their faces", (i.e. higher parts) because I went to the lhawa first, and so my divinations are often wrong). She is often criticised by members of the community, and on one occasion complained that a friend had purified her house and blankets after P.L. had visited her, for fear that P.L.’s presence might bring tip to household members. (Normally, this is done only after the visit to one’s house of low caste outsiders).

In recent years, P.L. has suffered from a chronic eye and respiratory condition (lo) which she attributes to tip. (She says that "the doctors say I have T.B., but they don’t understand that the sickness comes from my work [as a minung]". As a result of all this, P.L.’s husband has threatened to leave her, and has refused to assist her (kalungshop) in her divinations (thus reducing their accuracy even further). Her children also complain about her activities. Several times P.L. said to me: "all my troubles come from not getting tsalam betup done properly. When you are a lhawa-minung you will have troubles, but if you try to refuse a calling, or do not trust the lamas and their texts, your troubles will overwhelm you". P.L. also claims that "it is better to be a lhawa than a minung because lhawa have more power and people do not get angry with them. Minung are just incomplete lhawa. Their girpa has not called them properly, and they don’t have the right chopा. There are many minung like this. But the main reason why minung are not as powerful is that they don’t have as close relations with the gods as do the lhawa. In the Khumbu, relations with the gods is everything".

8.2.3 Banzin Lamas.

The traditional Sherpa banzin lama was male, more often than not married, and living in the village, participating in day-to-day economic and social activities the same as any other lay person. His religious responsibilities were additional to, rather than instead of, his secular responsibilities, and derived from membership of a hereditary, tantric (sang) lineage as much as from voluntary pursuit of spirituality. These lamas trace their lineage ultimately to that great tantric exorcist of demons, Padmasambhava (Guru Rimpoche), and indeed much of their religious work is devoted to the performance of exorcisms (kurim).

The notion that the function of kurim is to 'expel evil', however, is somewhat problematic (see above discussion on religion). Firstly, the notion of 'evil' itself - at least as it is
understood in the Judaeo-Christian world - is foreign to the Sherpas. For them, the notion of 'negativity' (i.e. the balance to that which is positive) is perhaps more culturally appropriate. The wrathful (takbu) protector deities, for example, are considered to be not so much 'evil' as expressions of the negative complement to the positive or peaceful (shiwa) deities. More importantly, the same deity, in fact, incorporates both takbu and shiwa aspects to varying degrees. (As a general rule, the higher the deity, the more shiwa the deity, and vice versa, but there is much flexibility here in practice). Similarly, humanity, by virtue of its unique position in the wheel of life (i.e. midway between the physical/demonic and spiritual/godly realms) also inevitably incorporates both positive and negative influences. Ortner (1973) for example, has argued that the purpose of purification rites

"is not to create perfect purity, but to effect a balance between the forces of purity and pollution, consistent with the exigencies of village existence" (1973:60)

The point of a kurim, then, at least according to the religious elite, is not so much to expel evil as to harness and control negativity, thereby demonstrating and affirming the power of positive ritual action (performed by lamas and monks).

Now, as we have already pointed out in our discussion on religion, this interpretation of the work of banzin lamas is clearly not one which the average Sherpa layperson would offer. For the laity, kurim ARE simply about "getting rid of the shrendi".

In the past, kurim appear to have been more curative than they are today. Life-threatening conditions and those involving particularly low and capricious shrendi were more likely to be treated with low kurim, involving a more dramatic and more overt embodying and expulsion of shrendi. Today, such conditions are more likely to be dealt with by the Hospital, by amjis, or by more transcendently-oriented, text-based, 'life-empowerment' rituals carried out by lamas and monks.

One of the oldest healers still practising in the Khumbu is A.K., a banzin lama and minung from the village of Namche. He is approx. 80 years old and came originally from Diwu in Tibet. (Note the large number of healers originally from Tibet). According to his wife, A.K. is "so old that he does nothing but eat and sleep, but when he is healing he has much power because the gods are still young". A.K.'s father was also a Tibetan tantric lama (ngakpa) and he has a close relationship with the Tibetan deity Palden Lhamu. After coming to the Khumbu, he worked as a 'watchman' at the Namche gonda for 30 years, and this, he believes, increased his power as a healer. As with other banzin lamas, A.K. was not called as such, but rather, received formal training from a variety of other lamas in reading texts. His
main method of divining is by "shaking the dice for 3 days and nights" and then performing kargser (offering rituals). He also claims to be able to perform megyoup (cauterisation), and occasionally gives chilap. Although these days he treats only an average of 4 patients per month, he is said to have been a particularly active healer in his younger days.

Another banzin lama who also serves as a minung is L.D. (who, appropriately enough, is a member of the Lama clan).

L.D. was somewhat critical of the loss of status which banzin lamas have suffered in the Khumbu since the introduction of monasticism, and in fact has moved semi-permanently to Kathmandu, where, he claims, he is accorded more respect, and is utilised more by the local Sherpa community. This is because there are very few other banzin lamas from the Khumbu area living in Kathmandu. In addition to also serving as a minung when required, he even claims to practise some amji therapies. When I asked him about this eclecticism he explained that "in Kathmandu the people just want to be healed. They can't choose between an amji and a minung and a lhawa because there aren't any. So they choose me". L.D. claims to have no difficulty in combining therapies because he was not called by a girpa. Rather, he learned his skills by modelling those of his father (also a banzin and minung).

In the past, one of the key elements of healing was the banzin's ability to empower objects (nganga tungup) which could then be used as vehicles for healing power. Only banzin lamas had this ability. With the introduction of monasticism, however, this practice came to be regarded as 'low', connected with the magic of 'Indian' practitioners. As a result, few banzin lamas use this method any more. Alchemy (mendul) itself was never practised in the Khumbu, although some Sherpas had heard of Tibetan amjis practising it in central Tibet.

There are a number of traditional kurim which, although still occasionally performed by banzin lamas for elderly clients, are frowned on by the new monastic establishment, and appear, to be losing favour. One such kurim is the sumu, once performed at the time of a lhachetu to prevent sickness and misfortune. A simpler form of this ritual was also occasionally performed as a cure for sickness. In the sumu, special tormas (dough effigies) are made, and texts recited to invoke the gumbu deities. A young black nak (female yak, with horns that must be parallel and point forward) is then offered to the gumbu to solicit their assistance in preventing sickness. Flags (su) on which mantras are printed, are attached to the nak's ears, shoulders, and tail; butter (gyen) is put on its forehead and horns, and then the nak is set free to roam at will. As it wanders, and the su are set in motion, the message of the mantras printed on the su, is spread. The nak cannot be worked, have its wool shorn, or be killed. At each lhachetu its su are replaced. When it dies it must be replaced with another, similar nak.
Some Sherpa informants said that, in the past, the performance of a *sumu* was, in fact, required of all households. Today, however, with the decreasing significance of animals, the decreasing status of *banzin* lamas and their rituals, and the increasing significance of monastic participation in *lhachetu*, the *sumu* is generally bypassed and the flags merely placed on a pole on the top of one's house. Similarly, in the past, the ritual propitiation of personal deities (*dak dakpi lha*) was an important aspect of *lhachetu*, but today the significance of these deities is decreasing in the face of the more transcendental and abstract deities of orthodox monasticism.

### 8.2.4 Celibate lamas and monks.

The introduction of monasticism has had a massive impact on the Sherpa healing system - even greater, perhaps, than the introduction of allopathic medicine. For with monasticism came not only new approaches to healing, and new texts for healing, but also a new structural framework for healing - one in which celibate lamas and monks were firmly in control. While a large number of these lamas and monks claim to be healers, and are accorded this status by the laity, many, in fact, demonstrate little knowledge of healing, and rarely perform healing rituals as such. In fact, the status of these lamas and monks has skewed ordinary lay Sherpa conceptions of healing towards the more transcendental conceptions of the monastic establishment - so much so that many ethnographers have failed to differentiate between the two! The relative 'highness' of lamas and monks - a function of their lineage status as much as their abilities, piety or training - is a fundamentally important feature of Sherpa religious and social life. At the top levels there is no real argument as to relative status(es), but lower down the status order there is more scope for flexibility. The highest Nyingma lama, in the Sherpa view, is Jigdal Yeshe Dorje or 'Dudjom Rimpoché', recognised as the *tulku* of Guru Rimpoché. As the highest lama he is, theoretically, the highest healer. He spends most of his time between his home in France, and Kathmandu, and few Sherpa laypersons know much of him. The next highest lama, according to most lay Sherpas, is Tulshig Rimpoché, recognised as the *tulku* of Vairocana, and presently the abbot of Tuptencholing *gondá* in Solu. Interestingly enough, this hierarchy excludes HH Dilgo Khyentse Rimpoché, whom many Sherpas say they "love" (perhaps more than the high lamas), but who for some reason is often not accorded his rightful place within the Nyingma hierarchy.
The third highest lama is Ngawang Tenzing Zangbo, the abbot of Tengboche gonda, who was born in Namche. The next highest lama is the abbot of Thame gonda. Although not officially a tulku, the lama/ amji at Pangboche, Dipu Rinpoche, is highly revered and is seated next to the Tengboche Rinpoche at festivals held at the gonda. The small gonda in Kunde is the home of a lama referred to as Geshe-la. In Pangboche there is a celibate lama, also referred to as Geshe-la, who was originally from Tibet and works in close association with Tengboche Rinpoche and Dipu Rinpoche, performing many kurim in particular, for local villagers. Geshe-la is particularly famous for his academic, text-based knowledge and orientation - as one informant commented, "he is the lama of the future".

Other high lamas and monks are accorded status differently, according to their proximity to their clients. For example, Thameteng residents (who live close to Kyerok gonda) are likely to place the married abbot of Kyerok gonda higher than the 5 high lamas at Thame gonda (2 of whom are married), while most Thame Ong residents (who live closer to Thame gonda) would not. Some Thame residents consider the fortune-teller / lama who lives close by as higher than the Thame lamas, and so on.

Whichever particular hierarchy is adopted, the significance of the hierarchical principle itself remains. (Note that there is relatively less hierarchical ordering of lhowa-minung.) At festivals there never appears to be a problem with relative status(es) of lamas and monks (expressed most visibly in seating arrangements) and even at lay parties, status ordering is generally achieved without any negotiation. The higher the lama/monk, the more his/their healing activity is respected. (Note, however, that the higher the lama/monk, the less accessible his/their healing rituals are to the average layperson, both because of status and because of cost).

Perhaps the most significant source of status and respect for a high lama's rituals is the fact that they are based firmly on high and unchallengeable texts. Hale (1973), a linguist, recorded the following description of lamas by a Solu Sherpa:

"The lama is a great man. The lama studies books. The lama prints prayer flags. The lama reads books. Lamas study everything. The lama prints books. Everyone shows respect to the lama. The "Great Lama" he will be called...Only lamas study books. Among all people the lama is the best" (1973:141-142).

Clearly the significance of knowledge (controlled, expressed and empowered through written
HAMTANXa
(sompa luptur torma)
form) and the high status of the religious elite are inseparable. We shall return to this point below.

_Torma_ are used in a large number of Sherpa rituals. They are usually explained as either food offerings to the gods (a 'lower' interpretation more commonly offered by the healers and laity - "when the gods eat the _torma_ they become satisfied and happy like humans and can help us") or as 'seats' or 'bodies' (see Orner 1975) for the gods. (Higher versions of the latter interpretation offered by the high lamas and monks include the following: - "if we want the gods to help us, we have to invite them to our house and give them a high seat, just like people"). There are, in fact, a number of alternative interpretations of the nature and function of _torma_, and a large variety of _torma_ themselves.

White _tormas_ are for the high, benevolent gods and red _tormas_ are for the lower, malevolent gods. There is an important distinction between high _torma_ (including the _kinggur_, sometimes referred to as the 'high lama') reserved for the high gods, and low _torma_ (including the _gyek_, sometimes referred to as the 'people') offered to the low gods. The latter can be fed to the dogs, but the former are usually kept and then either eaten or fed to the birds. The more powerful (and expensive) the ritual, the higher the gods which are invoked, and the more elaborate (_gyewa_) the _tormas_ which must be made. Some monks explain that each high _torma_ should be accompanied by an 'assistant' or complementary _torma_ with which to feed or house the fierce manifestation of the _lha_. Indeed, the more 'assistant' _tormas_ are made and utilised, the more merit will accrue (just as, at the social level, the more food is offered, the more friends one will have and the more merit will be accrued). One lama explained that while _lhawa-minung_ also use _tormas_, (e.g. in the _dodzongup_ discussed above), their function is "just for the outside", while lamas' _tormas_ are "for _nangbi cho_ [inside religion]". The symbolism of the lamas' _tormas_ is much more abstract and complex than that of the _lhawa-minung_, and is known only to the highest lamas.

One of the major divisions of responsibility between healers, according to the Sherpas, is between those who deal with death, and thus who can extend and improve the status/level of life (i.e. the lamas and monks), and those who can only relieve suffering (i.e. the _lhawa-minung_). Note that to argue that dealing with death is not part of healing is to apply a biomedical perspective of healing, and to misunderstand the Sherpa view of the relationship between life, death, and rebirth, and thus health. The role of lamas and monks
is to assist the dead to generate merit and detach themselves from worldly affairs, thereby enabling them to attain a better rebirth and cause fewer problems (including sickness) for the living. It is important to note, however, that many monks refuse to participate in actual cremations (except of high lamas) because of the pollution which this threatens. This task is thus often left to the banzin lamas and low persons - including minung - who carry the corpses. The monks say that their responsibility is to recite texts rather than deal with a dead body.

N.T. had been a tawa (monk) for some 20 years when he became sick and moved from the gonda to the village, where he was looked after by a female neighbour. (Eventually the two established a more permanent relationship and N.T. consequently lost his status as a tawa). His condition improved somewhat over a number of years but on a trading trip south to Kari Khola he suddenly fell very sick and died. The villagers in Kari Khola dumped his body into the river rather than perform an expensive cremation on his behalf ("because there were no monks to read the texts, and they did not know him").

Upon hearing news of N.T.'s death, his wife in Thame commissioned a number of monks to come to her house and read the texts (including the bardo thodol - i.e. the text giving instructions for passing successfully through the bardos, or intermediate state between death and rebirth). At the same time, relatives came and "cried", and received rice and chang (thereby assisting the deceased to earn merit). The next day the relatives discussed how to raise the large amount of money necessary to hold a gyowa (funeral feast), the size and cost of which would demonstrate the deceased's generosity, fulfil any outstanding reciprocity obligations, and thus earn him merit and a more favourable rebirth. N.T.'s clothing was distributed to a number of tawas at the gonda as another means of earning merit.

A do (a form of exorcism), followed by a gyepshi (a more orthodox exorcism) were performed in N.T.'s house by the Kyerok abbot and 3 monks (to rid the house of shrendi), and afterwards each relative commissioned a do in their own houses (see below). Because there was little fear of N.T. becoming a nerpa, (because of his previous work as a monk), a tanak (a lower form of exorcism) was not considered to be necessary. (In approximately 1 out of 5 deaths a tanak is required to prevent the deceased from becoming a nerpa).

Several days later, on the full moon, the main funeral (shetu) was held, presided over by a high lama, 5 senior monks, and 2 novice monks. The funeral (held at the deceased's house) began in the morning, with further recitations of the bardo thodol, during which relatives and neighbours arrived to express their condolences and accept the widow's hospitality. A number of tormas (dough effigies of the gods) were made by the monks. A larger torma (changpar) was made in the image of the deceased and placed in front of the other torma. In front of it were placed pieces of the deceased's clothes and utensils, to "control the sem [soul] and stop it flying aimlessly around like a feather. If we don't do this, the sem may go back into the body and become a roblang [a particularly dangerous spirit embodying itself in a corpse]". A single cup of tea and some food were offered to the changpar. This is the only occasion when
only a single cup of tea or food or other hospitality is offered to a fellow Sherpa, and symbolises the separation of the *sem* from worldly social relations. (Normally, multiple refills of drink, food, and other hospitality must be offered, and accepted, to symbolise the maintenance of social relations).

In the afternoon, the main *gyowa* was held, involving the distribution of rice and *chang* and cash to neighbours. In the evening, further recitations and *kanggur* (offering rituals) were performed and the *torma* were removed. Then relatives paid their last respects to the deceased via prostrations to the *changpar* and, in this case, to a *purang* (a small stupa) containing the ashes of the deceased's father's brother (who had been a highly respected lama). After dinner and more *chang*, recitations continued until after midnight, and then commenced again the next day. All monks received larger than usual cash payments, plus a share of the food offerings for their services (again as a means of earning merit for the deceased). Seven days later, prayers (*duen*) were said, and forty nine days after the death itself a final feast (*cheta*) was held and a small memorial stupa was erected in the *gonda*.

Because N.T. had died elsewhere and had not been cremated, this funeral was somewhat extraordinary. Also, the fact that N.T. had been a monk, and had an uncle who was a high lama, meant that there was more religious input into the funeral than would occur for someone of similar or lower socioeconomic standing. Nevertheless, the same basic approach (involving the gods' assistance in ensuring that the deceased's *sem* is propitiated and escorted safely through the *bardo* to a favourable rebirth) underlies all funerals. According to the lamas, it is fundamentally important to the efficacy of these funerals that hierarchical principles and relations are strictly adhered to, for, if they are not, the *sem* will be distracted by, or take advantage of the implied disorder and will return as a *shrendi* of some sort.

The significance of funerals can be seen in the fact that the greatest punishment one can suffer is not to receive an adequate funeral (see, for example, the case of L.P. above). In Kathmandu, the Sherpa community there established a *Seva Kendra* or local community organisation whose primary objective has been to build a *gonda* so that lamas and monks could be employed to carry out proper funerals for Sherpas who died in Kathmandu (some Rs.200,000 was collected in one day for this project).

The importance of employing lamas and monks at funerals, and of demonstrating generosity to neighbours and relatives, means that the poor are clearly disadvantaged. In one case a friend (who was unable to work because of the loss of all his fingers through frostbite) came to me for assistance in raising enough cash to employ a single monk to do the recitations and to buy some rice for the *gyowa* for his mother's funeral. When the day came, no one
attended the gyowa, thinking that no rice would be provided because of the family's extreme poverty. In order to earn some merit for his mother, my friend had to go from house to house, giving each a handful of rice.

The do is a particularly common and important healing ritual in the Khumbu, even though not 'curative' as such (at least from the perspective of biomedicine). As a kurim, it is performed only by lamas and monks. One form of do is for strengthening and extending life (e.g. gyaldo, tsendo, kyekyur) while another is for managing death (e.g. dodzong). The latter is illustrated in the following account (note also Ortner 1978).

The dodzong was held to exorcise the shrendi of a neighbour's recently-deceased uncle, in order to "remove the sickness of his death" from family members. (All relatives of the deceased were required to commission a do. A subsequent and higher gyepshi ritual is required in Thame only at the household of the deceased.) The do was performed by a well-respected and fairly high monk, with the help of a novice and 3 lay 'assistants'. Firstly, the torma were made. The first comprised three men with hats, the first holding a paper sword with the name of the deceased written on it, and a thorn mast; the second riding a bull-like animal, and the third standing next to the animal. In front was a bowl filled with chillies. (Note that although there are obvious similarities here with the torma used in the 'dodzongup' described by Ortner (1978), neither the monk, nor any of the onlookers were able to explain to me their symbolism beyond that they were "houses for the gods and shrendi" to be attracted into, before the shrendi was propitiated and exorcised). On the household altar was a series of new offerings, including a bowl of Minties and biscuits (supplied by the anthropologist), a flask of chang, bowls of maize and buckwheat, and flour with butter.

After some initial recitations, the monk asked the household head to cut a piece of material from his jeans and place this on the torma. While incense (sang) was burning the monk offered each family member a ngamar (ball of butter and tsampa) which was rubbed over the body and placed on a plate next to the torma. This was followed by a lengthy recitation of the do to the accompaniment of drumming by a junior monk, interspersed with offerings of chang and grains of rice to the gods. Then the household members had tsampa flour placed on their heads, and the flask of chang on the altar was taken outside and offered to the shrendi. In the recitations that followed, the household members clapped together (dokpargyoup) at prescribed points of the recitation "to help exercise the shrendi". Then the torma was placed on the floor and a flour "road" was made from it to the door. With a sudden whoop (and more laughter) the 3 assistants (who are never household members) picked up the torma and carried it outside into the snow, banging on tin plates, brandishing paper "swords", and yelling and laughing. According to my informant, if the offending shrendi comes from within the village, torma and other offerings are placed within the village, but if from outside, then coloured flags are placed on trails leading out of the village in the direction from which the shrendi is believed to have come. This both helps the shrendi to leave, and prevents its return, as well as warning people that a shrendi has been active). The monk followed a few paces behind this group into the
snow (even though, in the excitement of taking the toras outside, he had forgotten to put on his shoes!) The household head's mother then placed more flour on the "road" and swept it all out the door. When the monk and his assistants returned, the monk was paid and given a kata (offertory scarf) and share of the offerings, and then everyone feasted and drank chang until the early hours of the morning (i.e. approximately 10 p.m.!).

The dodzong, it was explained, "is for dead men" (while other kurim such as do mang are "for life men"). Yet there is clearly an important preventative element in dodzong (and other kurim) as well, insofar as it minimises the negative impacts of death on those remaining in the world.

Closely associated with the lamas' and monks' control of death and funerary rituals is their control of 'life empowerment' activities and rituals. While lhawa-minung are able to cure sicknesses, responsibility for maintaining health, both in this life and the next, lies with the religious elite. This is an important point to the Sherpas. Indeed, a number of high lamas pointed out to me how their work contrasts with that of healers in the allopathic tradition who, as one lama put it, are "curers but not healers. When we learn to become healers we learn about maintaining health first and curing sickness second, but the hospital only knows about curing sickness".

According to another high lama, a healthy life can be compared to a butter lamp. (Butter lamps are, in fact, central to both funerals and life empowerment rituals). A life comprises a delicate balance between sonam (merit) which might be regarded as the oil of a butter lamp; ong (power), or the flame; and tse (life-force) or the wick. Too much of one or not enough of another will have a negative impact on one's health, just as it will on the efficiency of the butter lamp. For example, if one has lots of ong and tse, but insufficient sonam, one's life will be threatened, just as a wick will fall and extinguish the flame of a butter lamp that has insufficient oil. Lhawa-minung may provide the ong and even the tse, but the religious elite is necessary to provide the sonam. (Note the allusion to the interdependence of different religious officiants).

While each individual's configuration of sonam, ong, and tse varies (and is marked on his/her forehead at birth), the balance CAN be affected by the activities of high lamas. For example, sonam can be increased (and tip neutralised) through the commissioning of a kurim; ong can be increased through the wearing of a strunga (a packet of paper empowered with printed mantras and worn round the neck); and tse can be increased through the
commissioning of a *tse ong* (literally, life-empowerment ritual).

The *tse ong* is one of the more important of Sherpa rituals. *Tse ong* are held at a number of village-wide festivals such as *mani rimdu*, *buntso* and *sabji pumba*, but can also be commissioned by individual families and patients (indeed, I was advised to have one performed for my own son, Sion, to ensure that he would not be negatively affected by a father who did not live in the city like other *mikaru*! A *tse ong* is sometimes commissioned (if it can be afforded) after other healing activities have been carried out, to reinforce their impact. In one case, a neighbour who had previously been very ill, and had commissioned a *lhawa* to identify and propitiate the offending *nerpa*, decided to also commission a *tse ong* to speed up her recovery, as well as to strengthen her immunity against subsequent attacks from the *nerpa*.

The *tse ong* was performed in D's house by a high lama, assisted by D's nephew and son, who were both *tawa*. The night before, altar *torma* had been made. The ritual began with lengthy recitations and offerings to the various household, local and regional *lha*, during which D. busied herself serving *chang* for the guests. Then all the household members and guests presented the lama with a *kata*, an offering of maize or salt, and some cash. After this, they all received blessings in the form of some oily liquid, some *chang*, and some pieces of *torma* - all of which had to be consumed in the presence of the lama - and a touch of a peacock-feathered wand on both shoulders. The order in which people received their blessings reflected their status and was clearly very important and known to all. The first was the senior monk, then D. herself, followed by the junior monk and then other male household members, female household members, male guests, female guests, then the small children and babies, and finally, a goat. The ritual over, all participants feasted on potatoes, *torma* and *chang*. The next day, D. claimed to be much better. So, apparently, was the goat.

At village-wide *tse ong* rituals (and on a number of other occasions), lamas and *tawa* dispense *rilbu* and *chilap* i.e. pills or 'spiritual medicines' made from buckwheat flour, butter and sugar, and empowered with *ong* by containing the urine, hair, bones and blood of deceased high lamas. Only lamas and *tawa* may dispense this important source of healing. (Note the interesting comparison here with the Christian communion ritual. What is noticeably different is that urine and hair - normally polluting exuviae - are part of *chilap*, thereby reaffirming the power of the deceased high lama over mere, low physical matter).

One informant explained to me that the term *chilap* derives from *che* (high) and *lap* (a high term for medicine), with the former being associated with bone or 'clan' (*ru*) and the latter with blood (*tak*). Ingestion of the *ru* in the *chilap* appears to symbolise entry into the higher
spiritual lineages of the lamas, while ingestion of the tak appears to demonstrate a certain control over lower, more worldly and physical concerns. Another informant suggested that the purpose of high chilap is to improve one's health in the next life, while that of low chilap (or that given by low lamas or monks) is to improve one's health in this life. (Note that occasionally a lama will eat chilap made from the body of his own previous incarnation).

There are a variety of different kinds of chilap. One of the highest forms is tsari, given only by the highest lamas, and comprising the 'highest' objects such as gold and turquoise - one informant claimed that "tsari will either cure instantly or kill mercifully and send the patient directly to heaven"). Other forms of chilap include duzi chumen (a form of tsari with other lower ingredients), nyontul (note the etymological link with tulku, both derived from the verb tulup i.e. to raise), chinden, yuril, mani rilu, geshe rilu, tserril, jasak, (sometimes rubbed on to swellings and wounds), and snunga (note the etymological link with nga i.e. power). Tse ril are medium-sized brown balls, said to have a purely preventive function, while mani rilu are medium-sized red balls, said to be primarily curative. Duzi chumen are smaller, black balls, both preventive and curative, as are geshe rilu, jasak, and snunga. The higher the lama from whom the chilap is derived (that is, the older and more respected the lama's lineage is), the higher the chilap and the greater its degree of efficacy.

According to one high lama, chilap's efficacy derives, in part, from its ability to "remind people of the virtues and superior ong of the deceased high lama. Chilap both removes shrenki and cancels out dikpa (demerits). Yet chilap is often given to animals and young children. That is, for the laity at least, its efficacy derives from its role as a material vehicle for the transference of ong, and there is little notion that it carries a psycho-symbolic effect. One lay informant commented that:

"chilap is like chang. Sometimes it is made with rice, sometimes maize, sometimes millet, sometimes buckwheat, but the spice which gives it its strength is always the same. It is not for us to understand how this works. We just drink it".

In the past, chilap was dispensed, and made, by banzin lamas, and I even heard of one lhawa who used to collect the "milk" that flowed from his ear when he was possessed, to mix it with buckwheat flour, and give it to his patients as chilap. Today, however, with the increasing influence of monasticism, chilap has become increasingly controlled by the monastic establishment. The instructions for making chilap that are found in texts (owned only by high lamas and monks) have become the only legitimate source of knowledge for
making chilap. Indeed, only the highest Nyingma lamas are presently empowered to make chilap, and, to my knowledge, no contemporary Sherpa lama has claimed this power.

Tibetan medicines have a potentially 'black' aspect which can turn to poison if the medicines are not made, prescribed, or ingested appropriately. Western medicines are also recognised by at least some Sherpas as having possible negative iatrogenic effects. Unlike both of these, however, the correct taking of chilap can be only beneficial. (If chilap does not improve one's circumstances in this life, it will do so in one's next). Great care must be taken with chilap, however. If it is spilt, or spoiled, the gods can become angry and cause sickness. For this reason, it is better to take chilap immediately, versus Western medicine which is often saved for later occasions. Chilap is particularly powerful when taken on auspicious days determined by high lamas, or on occasions presided over by high lamas. The control of chilap by high lamas and monks is thus an important element in their control of healing in contemporary Sherpa society.

High above the village of Thame is a small, isolated house belonging to a high lama, K.M., who came from Tibet some 50 years ago. Although he claims to have once been an amji, his main involvement with the outside world today is as a fortune-teller (tsi lhapa - the verb tsi lap is the high form of the verb parkakurup, literally 'to make a prediction'). In fact, he has become well-known in this role. In the summer months he receives up to 5 requests for assistance per day. K.M. accurately predicted, for example, the lake break above Thameteng which resulted in so much destruction in mid 1985. (According to K.M., this occurred because of the decline in Sherpa purity and morality, which has precipitated a decline in the purity and thus stability of the natural environment).

K.M. says that there are 5 kinds of divination, or tsi: i) phuluk (the highest form, deriving directly through meditation on Sangye Chumdende - "this is possible only for the highest lamas who know Sangye Chumdende, or have his books"); ii) kartsi (a high form based on the reading of texts, including a high form of the astrological text dadu; iii) kyektsi (involving the divination of a patient's kyek periods; iv) phaktsi (divinations of whether relations between potential marriage-partners, business partners, healer-patient dyads, etc., are tethup i.e. positive and conducive to success, or methe i.e. negative and likely to lead to conflict; and v) nakti (divination of what is the most appropriate ritual action to take in the situation of the death of a relative).
Knowledge of astrological data surrounding a patient's birth is fundamental to all forms of tsi. K.M. commented that

"some people come many times, asking me to do tsi because they think that this will change their future, but it can't, because tsi is just reading the astrological details and these cannot be changed. If you want to change your future you must go to the lama and do kurim".

K.M. seems to be favourably disposed towards allopathic medicine, while somewhat sceptical of Tibetan medicines which, he says, are often not fresh (and therefore lack their natural power) and vary greatly in quality. His divinations are based wholly on texts, though these texts are "higher" than those used by minung and even other lamas, because they came from high monasteries in Tibet. He has a reputation for being able to provide relatively comprehensive and detailed divinations, including the sociopolitical factors surrounding a particular case. (In one such case he is said to have divined that a client would not succeed in a planned business partnership with a fellow Sherpa because the partner had a number of undisclosed debts - this divination subsequently proved to be accurate, much to the surprise of the client).

One of the higher (and more wealthy) of Khumbu lamas is L.O., a resident of Thame gonda. Although once married (in a polyandrous union), and having no girpa or membership of an established spiritual lineage, L.O. decided to become a lama, and travelled to Lhasa, where he learned methods of divination from a famous Tibetan ngakpa lama. He is now celibate, living at the gonda with his sister, devoting almost all of his time to healing and other religious activities. In fact, in one week, during my discussions with him, L.O. visited 6 different villages, performing 13 divinatory rituals.

His popularity (and wealth) are largely due to his specialisation in divining the likelihood of success or otherwise of dangerous (but profitable) undertakings such as mountaineering and trading expeditions. His high rate of success with these is due, he says, to the fact that he has spent years studying only the highest texts, and relies on them completely "without becoming involved with the shrendi". Because the texts cannot lie, he is never accused of divining incorrectly. Although he claims to have the intellectual knowledge to prescribe Tibetan medicines, he does not, in fact, do so because, as he says, he has not been 'empowered' to do so (and thus avoids the problem of failure). He refuses all requests to assist at funerals (except those of high lamas), saying that these cause him tip and thus
reduce his ability to divine correctly. His right to be selective about what cases he deals with and for whom he divines (a right reserved for only high lamas) obviously increases his reputation as a high and effective healer, and sets him (and other lamas and monks) apart from lhawa-minung (who are obliged to meet all requests for assistance).

L.O. is, however, very interested in and supportive of the work of the doctors at the Hospital and claims to refer many of his patients there - particularly the young and educated - once he has performed the necessary kurim to deal with the causes. (He notes, however, that most of his patients believe that a kurim alone is sufficient, and that the Hospital has not helped its own cause by discouraging patients from having kurim performed). L.O. proved to be a particularly willing, knowledgeable and stimulating informant. Because of the respect in which he is held in the community, I took particular notice of his observations, some of which follow:

- "I cannot tell you for sure about pem and nerpa or other shrendi because the whole point of pem-nerpa is that they are not sure, and we should not pretend to be sure about them. If they were sure, they would not be a problem, and we wouldn't need the lhawa-minung".

- "The lhawa-minung are good for the world of the shrendi and the lamas are good for for the next world, but we need doctors and amji for this world. That is why we must all work together".

- "the body is like a watch. Some watches are expensive and keep good time, but cheap watches run fast, then slow, then stop. They require constant adjustment. Some healers make them go faster and others make them go slower. That is why we need different healers. It is better to buy a good watch and then life will be easier. That's why I have a Seiko.(!) But for this, one needs money, and to have money one needs good luck".

- "the body is like a flower. It needs regular water and food, light, warmth, and protection. Too much or not enough of any of these will damage the flower. Sherpas don't know how to keep flowers healthy, and they don't care about their bodies until it is too late".

- "We Sherpas say that we lived longer in the past because we didn't do too much thinking. Today our body life might be longer, as you say, but our soul life is shorter because we spend too much time thinking and worrying. Change is sometimes good, sometimes bad, and it is better just to go along with it".

- "before religion came there were no healers. You cannot have healers without religion. Healers can know how to heal only because religion has given them the power".

- "Some people say that monks are high and the others are low. But anyone who concentrates on religion is gyewa and anyone who can't is manggyewa. That's all.
Even some monks don't understand this".

"in the past, all lamas were the same. Today, the high lamas are higher because they have more texts, but the low lamas are lower because they deal more with the shrendi. This is what happens in saMenkKokpu. But the shrendi are getting stronger and people are more worried about earning merit, so both the high and low lamas will increase".

"the difference between high lamas and low lamas is that high lamas know what the dui are thinking (ngushi kendup), but the low lamas can only see what the dui are doing. This is why the dui are afraid of high lamas but can trick the low lamas".

"why do you always want to know about this and about that with a pen and a cassette recorder? Don't you know that, without the blessing and understanding of the gods, this running after knowledge will only make you confused and sick? Better to go and read the texts if you want true knowledge!!

And finally: "If you are going to write down anything, write exactly what was said in the texts. These are the only true source of knowledge and therefore we must not change it. What I say is just gossip. Sherpas do much gossiping".

L.O places much significance on tar ('flags') as a means of both preventing sickness, and of generating healing. The empowered healing mantras which are printed on the tar are "read" by the wind and blown across the land. Because the mantras are written, they are believed to be very efficacious. There are a great number and variety of tar, including tarshing (flags on a wooden pole erected above the house at lhachetu festivals); chhaptar (placed on the top of shortens); lunktar (placed near rivers, on bridges, and at mountain passes as a means of propitiating local yulha and placating shrendi, thus protecting travellers); chotar (placed on a pole near one's house as a form of protection, especially for newborn babies); and ggodongtar (placed in the door frame of a newly-constructed house to appease the lu and so protect household members). There is a hierarchy of both tar and the colours of which they are made, according to the elements they represent: blue is the highest (and appears to symbolise the sky), followed by white (clouds), red (fire), yellow (earth) and green (water). (Note, however, that there was considerable variation here. Yellow, for example, is normally a high colour, worn by monks, and adorning gifts presented to monks). Almost all tar are printed with mantras. Some, however, are plain white and without printing. These are considered to be less efficacious and are "for the shrendi who cannot read", as one monk explained. As a rule, however, the more printing there is, the more colourful and elaborate, and the more expensive tar are, the more effective they are considered to be.

High lamas are sometimes (though not often) asked to perform tulup healing rituals that
'keep down' particularly low and dangerous supernaturals. (Note how the verb tuliup can simultaneously mean to 'raise up' and 'keep down' - the essential element here appearing to be to maintain order through hierarchy, the structure of which is more important than that which is kept separate by the structure). Such rituals involve more tantric and shamanic elements than are normally found in rituals performed by high lamas (see Chapter 5 for an account of a srine ritual). When I asked why high lamas sometimes perform such rituals, it was explained to me that high lamas can, in fact, perform all rituals, (as long as they have the texts) but that they often choose not to because of the tip (pollution) involved. When they do agree to perform such rituals (e.g. because of kinship obligations) their fee is generally much higher than that for other rituals, and higher than the fees of other healers, but their efforts are considered to be more efficacious than those of other healers. Furthermore, particularly low and dangerous supernaturals are often considered too powerful for low healers to control effectively, and the efforts of these low healers may thus prove counterproductive. Only high lamas who have undergone tsam (ascetic retreats, lasting up to 3 years) are able to perform rituals involving the lowest supernaturals such as the sri. In this way, the superiority of high lamas is thus, again, confirmed.

Given this situation, I was somewhat puzzled as to why wealthy Sherpas would bother going to banzin lamas and lhawa-minung at all. The most common response to this was that high lamas and monks are simply "too busy", either with their own religious pursuits or - more commonly - performing rituals for even wealthier clients in other villages. (In fact, the increasing unavailability of monks is one of the very few criticisms that lay Sherpas ever level at the religious elite. The people of Thame are particularly critical of the monks at Tengboche gonda, whom they see as too preoccupied with their own affairs to perform services for villagers in their area).

The unavailability of monks has an impact well beyond the maintenance of health. As already indicated, monks are essential for the adequate performance of funerals and the acquisition of merit for the deceased, thus ensuring a better rebirth for the deceased and better health for the living. In one case, a neighbour commented to me that she hoped her sick father-in-law would die while the monks were at home in Thame, before they went off to a nearby village to perform a big kurim. As she explained, "it is better to die with the monks here and be reborn, than to live longer and then die alone and become a shrendi". Another neighbour commented, "monks are like money - there's never enough".
8.2.5 Amji.

In many respects, the *amji* or Tibetan "doctor" is the most independent and - for the laity - the most mysterious of the healers in the Khumbu. This is partly explained by the fact that the Tibetan medical tradition is still relatively unknown and undeveloped in the Khumbu. Indeed, it would be highly revealing to chart the nature, timing and degree to which the Tibetan medical tradition has diffused into communities on the periphery of central Tibetan influence. It may well be that the term 'Tibetan medicine' may be something of a misnomer). There has never been any formal mechanism in the Khumbu for the 'calling' of *amji*, or for training or legitimisation. Lay Sherpas never think about becoming an *amji*, and appear happy to allow high lamas and Tibetans to monopolise this profession. In the past, *amji* were only transient visitors to the Khumbu. Today, there are four recognised *amji* living in the Khumbu, but two of these are Tibetan immigrants, and two are more active as lamas than as *amji*.

Yet Sherpas have a considerable amount of respect for the *amji*. This is at least partly because the *amji* tradition is firmly founded in the texts. One *amji* explained that the popularity of *amji* is because their reliance on texts has ensured that causes will be adequately taken care of, and thus they are able to devote more attention than do other Sherpa healers to symptoms. Also, *amji* are believed to become healers primarily because of altruism and compassion (unlike some lamas and monks, who, according to some, heal because of the personal merit they can accrue through such activities, and, unlike lhawa-minung who heal because they have no choice). One myth recounts how an old *amji* met a yeti while crossing the high pass into the Khumbu from Tibet. By killing and eating the *amji*’s horse, the yeti sought to discourage the *amji* from going to the Khumbu. In the process, however, a bone became stuck in the yeti’s throat. Rather than leave the yeti to die, the *amji* removed the bone. In return, the yeti helped the *amji* cross safely over the pass.

While no two *amji’s* approaches or methods are the same, they are all based on the Tibetan medical tradition as it has been developed in Lhasa. This tradition is firmly based on the inherently powerful and respected medical texts, primarily the rgyud bzhi, which provide access to the healing power of the 8 medicine Buddhas. *Amji* diagnose mainly by feeling the pulse, on the basis of the flowing of the body's three primary fluids, or "humours". These
are wind, bile and phlegm, which together carry the body's life energy. Any upset in the balance of these humours results in sickness which can be felt and diagnosed in the pulse (and sometimes urine) and treated with appropriate medicines. Disturbances of wind and phlegm are "cold" illnesses, and those of bile are "heat" illnesses.

But Tibetan medicine is not just an amalgam of Hindu ayurveda and Chinese pulse analysis, as has sometimes been asserted. Rather, it is essentially BUDDHIST medicine. Buddha taught that the root of all suffering is ignorance, which causes the three poisons of the soul (desire, hate and infatuation), which in turn upset the balance of humours within the body. The amji, who is almost always a monk or lama, must first address the patient's spiritual state before being able to harmonise the three humours. Mantras, kurim and other religious rites are thus as important as rebalancing a patient's diet, prescribing various medicines or using other techniques such as bloodletting, moxibustion, smoke treatment, mineral baths etc.

Nevertheless, the prescribing of medicinal substances is the trademark of the amji, and the amji thus have considerable botanical and pharmacological knowledge. In Nepal, some 800 of the estimated 10,000 species of indigenous flowering plants are used in the preparation of Tibetan (and ayurvedic) medicines, and many of the most important of these (e.g. huling, masu, shukpa, rsete) are found in the Khumbu. (This has meant, however, that Indian traders have come to the Khumbu in recent years). As a result, supplies of these plants have been seriously depleted, and local amji have now established firm control over their harvesting.

Unlike in many other communities in Nepal, the Sherpas have not as yet come to regard medicines (Tibetan or allopathic) as the panacea to all ills, the 'magic bullets' whose simple ingestion will cure any sickness. Indeed, even amji complain that Sherpas remain sceptical of medicines and are chronically unreliable in taking courses in the prescribed manner. (One amji explained this as follows: "in the past, animals used to eat medicinal plants as they grazed in the yersa. People would then drink the animals' milk and remain healthy. Thus they never saw the need for taking medicines as such. Today, however, the plants have been over-harvested and people consequently fall sick more frequently").

Few lay Sherpas have any detailed knowledge about medicinal plants, and even those who do, would never collect, process, or prescribe them. This is partly because the medicines are not considered to have their full healing effect unless they are collected and empowered by
the *amji* (and, in fact, may have the opposite effect if they are not). *Amji* list a variety of regulations regarding their collection of plants, including the avoidance of areas where the environment is disturbed, avoiding collection on inauspicious days, avoiding sites inhabited by *lu*, and the avoidance of collection in the presence of women. (Note again that the control of healing by men is more pronounced among the more orthodox, text-based healing traditions). I was told the names of over 80 traditional medicines by *amji* in the Khumbu, but very rarely was an individual lay Sherpa ever able to list more than 5.

Many of the medicinal plants are made into pill form by *amjis* in Kathmandu, Tibet and India. (When I informed a friend that I had some pills made at the Tibetan Medical Centre in Dharamsala, there was great excitement, as such pills were considered to be very high). The pills should be crushed and consumed with pure water, half an hour before meals. No meat or alcohol should be consumed, and sexual activity is said to reduce the pills' potency. It is also important that pills be consumed to the accompaniment of recitation of appropriate mantras. (One friend even suggested that the pills need not be consumed at all, as long as the mantras were recited. Again, note the importance of the mantra as a vehicle of healing power, even more than a medicine!)

A number of the *amji's* medicines are based on the principle of homeopathy - i.e. like cures like. For example, the plant *tzen*, which is an important ingredient of some forms of *tuk* (poison) is also the source of its antidote. One informant commented that all plants are both high and low - medicine (i.e. high) on the inside, but poison (i.e. low) on the outside. *Tengshi* (a form of exposure) can be treated with the gall of a bear, because sufferers are said to behave in an angry and incoherent fashion, like a maddened bear. A number of informants commented that it was good to have some worms in one's stomach to make one strong, and to fight poisons, or a sudden infestation of new worms. One *amji* explained that a *ngamar* (butterball), which is also used by other healers, derives its healing properties from the fact that butter is like flesh - just as our bodies attract *shrendi* and absorb sickness, so too will butter that is empowered and passed over the body absorb negativity.

*Amji* are the only traditional healers who practise invasive therapies (*shoup*) as part of their repertoire. As a general rule, Sherpas (and all Tibetan Buddhists) are highly cautious of surgery, and are particularly afraid of having to go to Kathmandu for surgery. (There are at least two cases I know of, of patients who have died from peptic ulcers because they would not take advantage of the Hospital's assistance to go to Kathmandu by plane and have the
ulcers operated on). There appears to be more tolerance of the amji's invasive therapies, however. These include 'stomach surgery' (toba shoup- really just deep stomach massage), cauterisation or moxibustion (megyoup - applied either at the apex of the skull or on the solar plexus and sometimes used for the treatment of pang and champa), 'eye surgery' (mik bitup - not practised in the Khumbu because no amji has the requisite chopar or training), and bloodletting (takgyoup - very rarely practised these days). In the past, megyoup and takgyoup appear to have been practised occasionally by laymen as a treatment for tuk, but these days only amji practise them.

There are no healers in the Khumbu who extract objects from their patients' bodies, as is common among Hindu healers. This, of course, is because the causes of sickness are believed to be the supernaturals themselves, rather than objects placed in bodies by them. In one case, a Sherpa doctor in Solu discovered that a client, who had been complaining of bowel pain and blood in her faeces, in fact had a wooden spike up her anus. When he extracted it, the client was amazed, telling her friends that the doctor had transformed from an amji into a jankhri (Hindu healer).

One of the reasons why Sherpas fear invasive therapies is that they provide a significant opportunity for the shrendi to enter the body and take one's soul (sem) or life-force (tse). Even immunisations and injections are regarded by Sherpas with suspicion (and there are a number of cases where deaths have been blamed on injections received at the Hospital). The connection between immunisation and the dramatic drop in incidence of smallpox, goitre and so on, in recent years, is very poorly understood. The majority of patients with miliary T.B. - even at the critical stage - are happy to accept pills from the doctors, but few will accept injections. As one sufferer explained, "if you cut the body the blood goes out and the shrendi come in, because the shrendi like the body. But the gods like the soul. The body is low, and if it dies, it is nothing". Invasive therapies are clearly seen as low forms of therapy in the Sherpa scheme of things.

Reading of the pulse (tsa) is perhaps the most distinguishing feature of the amji's repertoire. Differences in pulse occur according to the age and sex of a patient, his/her astrological data and ethnicity, as well as his health status, his activities prior to having his pulse read, the season, and the nature of the environment. According to one amji, there are three high pulses and four low pulses. The amji thus must be expert in identifying both differences in
pulses, and the precise implications of these differences. Pulse-reading alone is not considered to be a sufficient means of diagnosis, but can be very accurate in identifying conditions affecting the liver, spleen, heart and stomach in particular. Specific 'pulse sicknesses' include diyuvelka, dochakelung and simuktipaken.

Dinp Rimpocche, perhaps the most highly revered lama in the Khumbu, is also an amji. Now approx. 86 years old, he was originally born in Tibet and appears to have been a fairly famous amji in his younger days, specialising in surgery. However, he also undertook many journeys to communities in the Nepal Himalaya, serving as a general practitioner. He recalls that his training was very comprehensive, lasting some 15 years and involving the memorisation of texts in both Tibetan and Sanskrit. (He once mentioned that he had also been trained as a ngakpa lama and had utilised a number of shamanic methods in his younger days, but had shed these as he grew older). He says that "to become a good amji one must develop and discipline the mind, but that is not enough. We must also have a strong will and be called by the gods. Our medicines do not work if they are not pure. Western medicines are good for curing the body, but they don't give health in the next life. For this we need high [Tibetan] medicines. When I learnt to become an amji the first thing I learnt was about my own health and how to stay healthy. That's why I am so old. How can anyone cure the sickness of others if he has not first learnt how to be healthy himself and how to help others to be healthy? To do this, you need to overcome ignorance. Medicines are just like fancy clothes".

Dinp Rimpocche came to live in the village of Pangboche some 10 years ago at the invitation of the lama there. He spends his time overseeing the studies of 26 young trainee nuns, performing village-wide rituals such as sohjipumba (see Chapter 5), and making and prescribing chilap and Tibetan medicines for clients. He has approx. 12 adult followers living with him, and co-operates closely with the Tengboche Rimpocche at monastery-based festivals. Although not officially a tulku, he has been accorded this status by many in the community. (He claims that in the first generation of his lineage he was an amji, but was not reincarnated until this incarnation "because of the Chinese. So I am only a half tulku"). In the winter months he stays in a large monastery in Kathmandu. He has not trained any student amjis ("because none have been called"), and is somewhat cynical of other Khumbu amji and lha-gwa-minung in particular, because "so many don't have real girpa and have not received sasam betup or ngwonzen betup" (i.e. tests of the legitimacy of a calling. In Tibet, testing is fundamental to the practice of both shamans and amjis).

During one morning with Dipu Rimpocche in Kathmandu, he treated 7 patients (including 1 Westerner) for a variety of conditions; interpreted the contents of one client's letter; supervised the production of Tibetan pills, and simultaneously answered my questions. When his assistant (a nun) suggested he rest, he waved her away, saying that she should be the one to rest because she was young and hadn't learned how to stay healthy through spiritual activities. He explained that he is too old to cure people with medicines himself, but that patients come to see him just out of respect, and this helps to heal them.
The abbot of Kyerok gonda, Lama Tenzing, is also an amji. Lama Tenzing is approx. 55 years old, a member of the Lhaksindo clan (the name derives from a fruit found near the Kyerok gonda) and can trace 11 generations of girpa to the original founder of his lineage, Rangchung Dorje. (Note how only the religious elite are able to trace descent in this way). Lama Tenzing began to study Tibetan medicine under the tutelage of his father, and then under the well-respected Amji Chotala at Rumbur gonda in Tibet. In recent years he has maintained his practice, with Dipu Rimpoché as his 'guru'. His practice began after he succeeded in curing his wife of kidney problems (arising from an untreated case of tuk contracted at a wedding 6 months beforehand). Lama Tenzing had given her 'medicines' to neutralise the poison and she had had severe diarrhoea for 2 days, but then suddenly became better. Since that time, Lama Tenzing has become something of a specialist with tuk and other stomach-related conditions such as paken and tzuwa. As an amji, Lama Tenzing has over 100 different kinds of medicines, ranging from tiger's hair to chilap to salt water to emarang (pepper) to Tibetan "diamond" pills made by an amji in Kathmandu (and containing, amongst other things, diamond dust).

Lama Tenzing says that there are three main "branches" of knowledge: i) men (i.e. medicines, or 'healing'), ii) yiki (i.e. texts, or 'literacy'), and iii) tsi (i.e. fortune-telling). For amjis these 3 are interdependent. Lama Tenzing commented, however, that Western systems of knowledge do not appreciate the significance of this interdependence, (nor of the nature and pervasiveness of relations between things more generally) and thus have not developed tsi. As a result, says Lama Tenzing, Westerners are servants of medicine and texts rather than of their masters. (Note, however, that so, too, are the Sherpa laity!)

Lama Tenzing is recognised as the most effective healer of tuk. When I asked him to tell me his regime of treatment of tuk, he described the following steps:

1) reading of the pulse (tsa lhap);
2) examination of the eyes, hands, and tongue;
3) urine analysis (chupta lhap) - the patient's urine is collected at dawn, put into a glass, and stirred with a piece of grass. If the urine turns black the patient is suffering from tuk. If it produces a 'rainbow', the condition is caused by zhya - i.e. rainbow spirit. (Note that this is only one of a number of methods of urine analysis. Another involves crossing 2 pieces of grass and placing them on the top of a glass of urine, then dropping a grain of rice into the glass. The cause of sickness can be determined by which of the four 'compartments' the rice grain falls through).

4) If tuk has been diagnosed, a patient is made to defaecate by being fed sholmen (literally: medicine for diarrhoea), made from sayo, a stinging nettle species. This sholmen also facilitates the drawing of the tuk together in one location in the body, so that it can be more easily ejected. (Lama Tenzing pointed out that causing a patient to defaecate is preferable to causing him to vomit, because the latter involves polluting the mouth, a very important and sensitive part of the anatomy, with implications for commensality, etc.)
5) after performance of prostrations, the patient closes his eyes while the amji places a piece of meat (shya shartok) on the patient's tongue, to assist further in the drawing together of the tuk. This is then thrown away ("a kind of kurim"). The patient is then fed 3 raw broad beans, which must be defecated "without their skins" to demonstrate that the sholmen has worked (i.e."has cooked the beans"). The patient is then required to drink much boiled water ("to clean the stomach"). Pain experienced during this procedure is explained as the tuk animals fighting the medicine. Fever is also regarded by the amjis as a positive sign of negativities being ejected (while for the lhawa-minung it is a bad sign). The ingredients for the sholmen must be collected only by the amji according to strict regulations (see above). If any of the root of the sayo is used, the sholmen will be ineffective and cause the stomach to swell (because the plant will root itself within the stomach and grow).

What is interesting about this account of treatment of tuk is that none of the victims of tuk with whom I spoke had experienced this particular regime (!) Moreover, no patient was able to explain the rationale behind such a regime. As one patient explained, "Maybe they do it like that in Tibet or Australia, but in Khumbu we don't have the necessary texts. All we understand is that when we get tuk we must go to the amji and do what he tells us". Note also that, contrary to what is often said about Tibetan healing in the West, no amji felt that discussion with his patient about the circumstances surrounding his condition and general state of health was at all important.

The third amji in the Khumbu is a 50-year old Tibetan immigrant, A.K., who divides his time between the village of Namche and trading trips to Tibet and Kathmandu. He is the twelfth "incarnation" of a famous Tibetan amji, following his elder brother and, before him, his father. When his elder brother (who had been a highly respected amji in Kathmandu) died, A.K. claims to have inherited all of his knowledge and skills, as well as his medicines (over 100 different kinds) and chopa - i.e. equipment, including surgical instruments, anatomical drawings, and various texts. (Before his brother's death, A.K. had not practised as an amji, even though he had received some training from his father, because he "didn't have the chopa". Instead, he had become a trader and shared his wife with his brother. Note again the importance, for healing power, of possessing chopa). A.K. says that the most important source of his healing power is the Medicine Buddha, accessed through his copy of the rgyud bzhi Tibetan medical text. He also places great store by his medicines and has begun to manufacture considerable quantities both for his own treatments and for sale. (He claims that some of his medicines contain up to 80 different kinds of "flowers", some of which come from Tibet).

A.K.'s diagnoses always begin with pulse reading (in one of 5 different anatomical places) but subsequent treatments vary considerably. A.K. claims to have particular abilities with blood-related sicknesses, ("to be an amji is to read blood") but he rarely practises blood-letting ("Sherpas don't understand this treatment, because they don't understand the importance of blood"). He also often treats conditions deriving from "too much thinking" (i.e. those caused by a lung imbalance) which he treats by "pulling down the thinking so that it does not become too high and anger the gods".
This is sometimes done through moxibustion (megyoup) to the apex of the skull. One of his successful cases using this treatment, involved the wife of L.P. the lhawa and his son. Megyoup is used only after he has read the patient's pulse, given the appropriate medicines, and recited the appropriate mantras. He describes it as "a kind of kurim" because it involves expelling that which is interfering with the orderly flow of blood. Occasionally, A.K. uses megyoup to treat cases of broken bones (sometimes after the Hospital has treated them) "to get the pulse strong because the Hospital fixes only the bones".

A.K. claims to know how to make a herbal contraceptive, though he refuses to divulge how this is made, because he considers contraception to be a religious sin. He also hesitates about discussing what other medicines are made of because "only amjis should know such things". Occasionally he is asked to determine whether a woman is pregnant, and, if so, to determine the sex of the unborn child, by means of reading the mother's pulse. He is also frequently consulted by men regarding problems with impotence. Occasionally he is asked to perform lhalarou sorcery (though he quickly adds that he refuses). He never treats conditions normally dealt with by lhawa-minung, nor 'bad luck sicknesses'. He has a high regard for Western medicine and frequently refers patients to the Hospital. However, he has very little knowledge of Sherpa healers, and thus rarely refers patients to them. In an average month he treats 12 patients, but says that this number is increasing as his reputation spreads, particularly in Kathmandu "where they know my lineage".

Many Sherpas regard amji as the healers most closely associated with allopathic medicine. This is partly because they tend to be seen by the Sherpas as 'outsiders' (as are doctors); because - like doctors - they "come and go too fast to make good relations with us"; because they are medicinally and curative-oriented and derive their knowledge and practices from training based on texts (rather than divine inspiration); and because they themselves like to associate their approach and techniques with allopathic medicine. Indeed, all the amji in the Khumbu - as well as those I spoke with in Kathmandu - would like to see greater co-operation between amjis and doctors. The people of Phortse village often refer to the doctors as amjis and vice versa, and more than one Thame informant referred to the village health worker as 'sarkar amji'.

It is interesting to note, however, that a number of patients expressed dissatisfaction with the amjis because their remedies took longer to work than do the medicines prescribed by doctors. As one said,

"if we are going to take medicines at all, we must be sure that they work, and quickly. If they take too long, the shrendi might come back and be angry with us for taking medicines. That is why I go to the Hospital [to get antibiotics] for champa ("flu) rather than go to the amji. In Tibet the amji are important, but in the Khumbu we don't know very much about them".
8.2.6 Other healers.

There are no traditional midwives or even birth attendants in the Khumbu, because of the fear that such attendants would attract shrendi to the vulnerable newborn and mother. There are also no specialists concerned with dental problems, (the condition of teeth among the elderly is relatively good. Today, however, with increased sugar intake, dental problems are increasing rapidly and the Hospital provides basic dental services). To date there has been no sign of a rise of interest in 'pop healers' in the Khumbu, unlike in other parts of Nepal. The main reason for this would appear to be that traditional Sherpa healers still carry both authority and respect, and the roles and relations between traditional and allopathic healers are still seen as at least somewhat complementary.

One of the more exotic specialists in the Khumbu is the dalongma (literally 'hell-retumed female') and her male counterpart the dalokpa. These are people who have 'died' and entered the bardo (i.e. the intermediate state between death and rebirth) but have returned to life in their old body within 2 or so days of their death (rather than being reincarnated in a new body), bringing with them knowledge of the bardo and messages from the shrendi who inhabit the bardo. Few Sherpas claim to know, or are willing to talk about the dalongma/dalokpa, referring questions on this subject to the lamas.

One lama explained that a sem (soul) of a person who has died before his/her life is finished, and which has not been adequately instructed, controlled, propitiated at a shetu (funeral), will re-enter its body through the armpit and will begin to verbalise its experiences in the bardo to attract attention to its condition. The lama explained that a body is never cremated immediately after death in case this occurs. However, there is no chance of a sem returning to its old body after 4 days. Preferably, a body should be cremated on the third day after death. If cremation occurs earlier than this, or later than 4 days, the possibility of the sem becoming a nerpa is greatly increased. According to another lama, dalongma/dalokpa originated when the sem of a deceased person long ago spared the life of an insect eating its corpse, because it recognised that the insect was merely fulfilling its karmic duties. Impressed by the sem's compassion, the lama officiating at the cremation decided to bring it back to life so that it could share with the living its experiences from the bardo. After this, dalongma/dalokpa proved particularly useful in identifying the anger of nerpa. With the
introduction of monasticism, however, people say that dalongma came to be seen as bad, and no one knows, anymore, how to interpret what they say. Also, with the increasing distance between life and death as a result of samenkokpu, the possibility of a dalongma arising has been significantly reduced.

There is an important distinction between dalongma and roblang. The latter are particularly low and dangerous spirits which enter a deceased's body (especially when it has not been adequately cared for) and cause it to come back to life, creating total havoc and suffering. The deceased has usually been dead long enough for rigor mortis to set in, and thus roblang are identifiable by their inability to bend their backs. For this reason, Sherpas traditionally built their houses with small windows and low doors, to prevent roblang from entering or escaping. When entering a house, Sherpas normally sit immediately, for it is said that if they remain standing, there is suspicion that they are roblang.

There are three types of roblang: i) taklang (i.e. from blood - the body remains red and swollen after death), ii) rulang (i.e. from bones - this is the worst kind), and iii) melang. Lamas must be careful not to mistake a corpse which is "burping from too much chang" for a roblang. If the corpse is, in fact, a roblang, it must be killed immediately. I was told by one lama that he once saw a corpse begin to move, and had to kill it by piercing large sewing needles through its eyes and into its brain. The lama added, however, that he did not tell others of this event because "the Rimpoche is very angry if we kill a dead body for nothing".

This was the only case I encountered of a roblang occurring within the lifetime of a living Sherpa, and there is, today, only one dalongma alive (who now serves occasionally as a minung). According to some informants, there are no roblang or dalongma (or, indeed, nerpa) in Tibet because Tibetan funeral practices (including leaving the body untied, and feeding it to the vultures) ensures that the deceased's sem has more opportunity for an orderly departure for the bardo. Also, said one informant, "there are more monks in Tibet to make sure that funerals are conducted properly". In the Khumbu, however, where there were no monks until recently, the body is often tied (to prevent a possible roblang from escaping) and thus there are more dalongma and nerpa. Furthermore, it is said that past phembu (who used to assist at funerals) used to "talk" with the ashes of the corpse to get its power, which confused the sem and resulted in its becoming lost and eventually becoming
a nerpa.

In the past, there appear to have been a number of specialist bone-setters (chakchukyerup). Today there is only one of these in the Thame valley. He is a Tibetan immigrant, who more commonly treats animals than people. In a nearby village there is a yawa (slaughterer of animals) - also a Tibetan immigrant - who occasionally performs healing rituals involving phuphu (literally 'blowing away of shrendi', a technique similar to that of the Hindu jarphuke). However, he is not considered a Sherpa healer as such, and Thame people say they would not consult him because of the tip (pollution) they would contract as a result of his low status and his slaughtering activities.

Late in my fieldwork, I discovered that a neighbour - who had never been mentioned as a healer up to that point - was considered to have some ability in curing yaks. I discovered this because another neighbour one day suddenly began yelling and beating a yak. The yak had previously not eaten for 5 days and its owner, fearing that it might die, had consulted his neighbour. Upon return to his house he found the yak cured and munching contentedly on a pair of his trousers!

While Khumbu Sherpas do not like to admit to consulting Hindu dhami-jankhri (whom they consider to be very low healers), the two dhams who live semi-permanently in the Khumbu claim that a large number of their patients are, in fact, Sherpas.

One of these dhami is T.P., a Bujel from the Okhaldunga area. T.P. is approximately 30, comes from a relatively wealthy family, and is an employee of the army based in Namche. Although both a dhami (diviner) and jankhri (shaman who becomes possessed), he explains that he "left his drum at home in Okhaldunga and so cannot practise as a jankhri". However, he is still able to do jarphuke as a dhami. His calling came from his father at his brother's cremation. A ban jankhri (healing spirit of the forest) suddenly attacked him, dragging him off for 6 months to the forest where he ate grass and was taught how to do jarphuke and become possessed. The banjankhri is small, has long hair, and can be identified by feet that are back to front, with a square piece of stone, which glows at night, located in his armpit. After he had returned to his village, the banjankhri called him again, flying him naked into the forest, and, for a week, feeding him worms, rocks, and rotten vegetables. This time, however, he was not scared, and was taught how to retrieve lost souls by giving phu (which he equates with the Sherpa concept of ngo) to the victim. Every 3 months he must renew his power by worshipping the banjankhri at a Hindu jatra (festival). He claims that Sherpas are highly impressed with his abilities, particularly in the treatment of soul loss (lhachou).

The impact of Hindu healers in the Khumbu, however, is limited, and is a fairly recent phenomenon. Excluding
which has made significant impact on Sherpas in recent years, and we shall now explore this impact in some greater depth.

8.3 Allopathic medicine.

When mountaineering commenced in the Khumbu in the 1950's, the Sherpas were for the first time introduced to the 'wonders' of allopathic medicine. Antibiotics and painkillers proved to be particularly wondrous, as did oxygen for the treatment of altitude sickness, and subsequent medical assistance projects and research teams (e.g. Ibbotson's research into iodine deficiency) reinforced the mystique of allopathic medicine. When Hillary decided to establish a Hospital in the Khumbu, under the auspices of the Himalayan Trust, there was already much interest. The Hospital was built in the village of Kunde in the late 60's, staffed by husband and wife teams of Canadians and New Zealanders, and supported by a Sherpa staff of 3. In subsequent years, village health centres were established in Phortse, Tengboche and Thame, and in Monzo, Chaunrikarkha, Karikhola and Bung to the south. A Government health post was established in Namche in the early 1960's, and a high altitude sickness hospital established for trekkers and mountaineers in Pheriche in the 1970's. The Sherpas had become relatively familiar with allopathic medicine in a relatively short period of time.

In fact, in 1976, Riley (a doctor at the Kunde Hospital) noted that the Khumbu was fast becoming 'overmedicalised', with 7 resident doctors in 2 Hospitals, 4 trained doctors' assistants, and 2 Government paramedical staff (for a total population of less than 3,000), plus an increasing number of tourists who were dispensing medicines indiscriminately (sometimes with disastrous results). Riley wrote:

"a major problem is the availability of too much sophisticated medicine, no co-ordination between doctors in the area, and lack of education in the preventive sense" (1976:2).

In fact, increasing familiarity with Hospital-based allopathic medicine had led to an apparent decline in acceptance and efficacy. Said Riley:

"the only way to tackle the health problems is at the 'grass roots' level, with village health workers...too many foreign doctors undermine confidence in the local system" (1977:1)

"it seems you need someone who actually lives in the village and knows who is ill" (1977:3)
Unfortunately it seems this good advice was not followed as fully as it should have been. The most characteristic feature of the Hospital for the Sherpas is that it deals with symptoms rather than causes, and depends on medicines rather than on invoking the assistance of the gods. Indeed, the Sherpa term for the Hospital is menkhang, literally 'medicine house'. This does not, however, mean that allopathic medicine is automatically in conflict with the traditional healing system. If causes have been effectively dealt with, few Sherpas have any serious reservations about getting treatment from the Hospital (or, indeed, from anywhere else) for cuts and broken bones, or even assistance with childbirth complications or mental illness. Nevertheless, expectations are not particularly high. Allopathic medicine is generally viewed as an additional resource, rather than as an alternative to traditional healers. One informant, for example, commented that

"we are not surprised or angry if our children don't get better when we take them to the Hospital. It is really just luck. If the gods are happy and our luck is strong, they will get better. At first we thought the doctors had a new kind of nganga (magic) but now we know they don't".

Moreover, there remains a considerable degree of ignorance and misunderstanding - if not mistrust - of allopathic medicine. The visit itself to the Hospital is often seen to be as important as the treatment. Prescribed courses of medicines are thus rarely followed (or understood), and compliance remains a real problem. Furthermore, if no cure is effected after the first visit, it is often assumed that the gods are angry, and patients often do not return for follow-up. The failure of many treatments to provide the immediate and dramatic results promised also discourages follow-up. Many patients visit the Hospital only as a last resort and are, in fact, often beyond help by the time they get to the Hospital. If the Hospital agrees to try to help, but fails, it is sometimes blamed for killing the patient. If, on the other hand, it refuses to help, and the patient dies, it is also sometimes blamed as either not competent or not compassionate. It is fundamentally important that the Hospital communicates to villagers the importance of receiving treatment for symptoms as early as possible, perhaps simultaneously with the management of causes by traditional healers. For this to occur, the Hospital would need to develop effective referral systems, which would require close relations and mutual trust and understanding. To date, however, the few attempts made by individual doctors to establish a real dialogue, have not received adequate support from the Himalayan Trust. If anything, this lack of dialogue and co-operation appears to be increasing.

The existing Hospital structure is fairly centralised, with virtually no opportunity for
community participation in its management, or even delivery of services. While the doctors are highly committed and medically competent, they are the first to recognise that they do not have the opportunity to understand or respond adequately to the complex sociocultural, political and economic nuances that mould health status, the various health systems available and health-seeking behaviour. Moreover, they maintain strict control of decision-making, financial accountability and forward planning.

There is virtually no scope for community participation in identification of needs; in monitoring health trends; in identifying and utilising appropriate local resources; or in exploring such issues as healer-patient relations, the distribution of healing knowledge, choice behaviour patterns, self-treatment patterns and practices, therapy management and care by relatives and friends and so on. Nor has there been much participation in instituting preventive measures such as clean water supply, health education, hygiene and sanitation. Health education itself is restricted to weekly classes conducted by the doctors in one local school. Village health centres are under-resourced, are not supervised adequately, and are staffed by health workers who readily express low morale and a lack of adequate training.

There is no effective system for community-based monitoring and evaluation (including possible iatrogenic effects), no effective community financing scheme, and no efforts to link health with other sectors of development such as agriculture, income generation, environmental management, or even education. The whole issue of sustainability of services beyond the period of support by the Trust appears to have been avoided completely. If, for any reason, external supplies of both human and medical resources were threatened, the system would rapidly collapse. In short, the Hospital is overly medicalised and curative in its orientation, with little effective community participation, and is regarded by many Sherpas with a degree of ambivalence.

The Thame health post was established 9 years ago by the Himalayan Trust at the request of the Thame representative on the local panchayat. It is located adjacent to the school, and is open approx. 3 hours each morning, 6 days a week. Basic records of patients are kept though there appears to be no follow-up. The emphasis is very much curative. There are some posters demonstrating ORT, breast-feeding, family planning, etc. but no informants knew anything about what these posters were intended to convey. The village health worker
has a copy of Werner's "Where there is no doctor" (written in Nepali), some basic equipment (tweezers, syringe, cotton wool) and some medicines (potassium permanganate, sulphacetamide, dimagel, nespirin, pipracite, nitrofurazone, ammophylline, and ORS). While the physical appearance of the health post is a vast improvement on most in rural areas of Nepal, and while no informant actually opposed its presence in the village, most agreed that its role was limited and that there was no opportunity to learn about or participate in its activities. Patients sometimes visit just for a chat, often going with friends or relatives (this contrasts with the more individualistic health-seeking behaviour in relation to traditional healers).

The village health worker at Thame, P.P., is the niece of a local minung. (On occasions I noticed that the minung had been sent by his niece to look after the health post when she was not able to do so!) P.P. had 3 years of schooling. At the age of 21 she decided to become a health worker as a means of earning extra merit (and income). She received 1 year's 'training' at Kunde Hospital plus occasional refresher courses, but says that "all I know how to do is to diagnose one of 7 sicknesses and give 1 of 7 medicines". She adds that her job is "boring because I don't do anything important. If people are really sick they don't come here. They go straight to the lama. I would like to be able to treat pregnancy complications, T.B. and eye conditions, but I don't have the knowledge".

P.P. claims to know nothing about her uncle's activities as a minung, nor to help or co-operate with him, but says that she does know something about amjis because "their medicines are the same as Western medicines. Sherpas don't like to talk about their pain, but they are very happy if medicines will relieve it quietly, and they don't care what kind of medicines they are. The main difference is that I must have the patient's permission before I give medicines, but Sherpa healers don't, because the gods have already given them their permission".

When P.P. herself is sick, she will go to the amji or lama, then to the Hospital if necessary, and then back to the lama for chilap because "everyone needs long life".

The village health worker at Devuche, near Tengboche, is a single woman who was trained for 5 years as a nurse at a mission Hospital in Kathmandu. She speaks fluent English, has close contacts with a number of Westerners through her 'hotel', and actively maintains her skills as a nurse. However, she acknowledges that allopathic medicine is limited in its scope, and she places much faith in the healing power of high lamas and monks (though not that of lhawa-minung). She will often refer her patients to the lamas, and seeks their help when she herself is sick (to the annoyance of the doctors at the Hospital!)

The village health worker in Chaunrikarkha is a 35 year old female with 5 years' education at the local school (where her husband is the teacher) and 1 year of training at the Hospital. She appears to be fairly well respected by the community and treats an average of 6 patients a day, with 10 different kinds of medicines. She also conducts basic health education classes at the school, provides family planning and does immunisations.
Other village health workers are less capable. One claimed to treat diarrhoea in children with aspirin, and to treat "contagious sicknesses" by keeping a patient in blankets for 4 days and avoiding food. He gives vaccinations "if people ask for them", and refers patients only to traditional healers who use texts "because texts do not lie". Another village health worker is not literate at all, while yet another is characterised by the fact that he rarely opens the health post at all.

In Namche, the Government health post is staffed by a 3 year trained male health worker (who calls himself a 'doctor') and an assistant (who received 2 years' training 15 years ago, but nothing since). The health post has a fair variety of medicines (some very expensive, long out of date and potentially dangerous, donated by passing trekkers). The most common conditions treated are 'flu, gastro-intestinal conditions, eyesore, otitis media, toothaches and headaches. Serious cases are referred to the Hospital. According to its own records, it treats an average of 5 patients per day, mostly non-Sherpa porters who come up to Namche for the market (unfortunately the health post is closed on market day!) It has no preventive activities, and the staff have no knowledge of or desire to co-operate with traditional Sherpa healers. Indeed, the senior health worker was present at the health post on only one of nearly a dozen visits that I paid to the health post.

With the exception of the Government health post staff, and the staff at the Hospital itself, it is interesting to note that only 1 health worker in the Khumbu is male (and he is the least competent). According to those I asked, this is not because the position of health worker carries low status as much as that it is poorly paid (relative to more lucrative opportunities in tourism and trade). Also, one informant explained that "women are more likely to stay in the village, but men will just go off trekking". There appears to be no problem with males going to seek the help of female health workers (as one informant explained, "the medicines are the same"), and no concept that females are less skilled or have less right to allopathic medical knowledge. This is interesting because only males are able to become lamas and monks and amjis. That is, conditions which are seen as having natural causes, and thus are treatable by allopathic medicine, can be treated by women, but conditions which are caused by the high gods require the intervention of the religious elite and can be dealt with only by males. Indeed, there is a sense that curative treatment can be performed by females because this is a lower form of therapy (although no informant said as much).
The only two Sherpas to be trained as doctors are both males. Dr. M.G., a Solu Sherpa, who runs the Himalayan Trust Hospital at Phaphlu in Solu, was quite cynical, at first, about the role of traditional healers. Over time, however, he has become more open to the need for dialogue - if not active collaboration - with traditional healers, in the face of evidence that many Sherpas do, in fact, feel they benefit from their ministrations. He recounted a number of instances of traditional healers curing sicknesses that he himself had been unable to diagnose or treat. He was also very aware of the inadequacies of allopathic medicine and the very real constraints on its delivery in rural situations in Nepal. As we walked along a road together, he often stopped to talk to passers-by about their health. On one occasion he stopped to examine faeces on the roadside, and he is actively promoting clean water systems and other public health measures. His example is a clear demonstration of the fundamental importance of training and employing (and keeping!) more Sherpa doctors and health professionals. Indeed most Sherpas with whom I spoke said that they would be very concerned if the Hospital was taken over by Government doctors, and that they would be hesitant to utilise its services if this occurred. As one friend commented:

"the Kunde doctors may not know much about our thawa-minung, but they know a lot about Western medicine. If the Government sent doctors here, they wouldn't know about either. How could they treat us without this knowledge?"

One of the senior health assistants at the Hospital, with 7 years of education and 10 years' experience, said that if the Government took over, he would leave and "go trekking".

8.4 Self-treatment / prevention.

Given the tight control of healing by healers described above, there is very little scope for any effective self-treatment in the Khumbu, other than resting, keeping warm, and eating and drinking well. Occasionally, however, patients indicated that they knew of home remedies for minor complaints. Examples of these include chewing the leaves of the shukpa plant when one loses one's voice; applying the boiled juice of the shingmen flower on the body to kill lice and fleas; eating a concoction made from the purple gyendor gajung flower for cases of champa (flu); eating loma leaves for joint pains, and eating zati (betel nut) for pang and shoklung. One or two Sherpas had heard of the use of home-made splints for the healing of broken bones. Such home remedies, however, are not widely known, and are rarely actually utilised, because of the fear that "this might make the gods angry".
There is also the fear that the wrong application of medicines, or use by those not specifically empowered to use them, might result in medicines being transformed into their opposites (i.e. poisons). Even mineral-based medicines such as thukal, available in the local store, are not widely used. Certainly, more serious conditions are never interfered with in this way. With the exception of massage, there are no lay methods of pain relief, as such, for adults. Ultimately, any effective treatment requires the intervention of healers. As one friend put it, "we [lay] Sherpas don't know how to fix the body; just to fill it with food and chang".

At the same time, I saw several cases of parents attempting to cure, or at least relieve the suffering of their children. For example, chilap is sometimes crushed, mixed with saliva and applied to children's sores. Herbal concoctions made from home recipes are also more likely to be fed to children. When I inquired about this, I was told that "children are just children, and the gods do not get angry if we try to heal them". However, such efforts are made only in the case of minor conditions. Furthermore, no one was able to explain to me how such efforts worked, or what were the ingredients of the herbal concoctions.

Despite this lack of home remedies, there are a number of things which Sherpas can do without the assistance of healers, to help prevent sickness. For example, remaining indoors at night reduces one's chances of being attacked by a shrendi. Placing stones on the road one has travelled along also reduces the opportunity for shrendi to follow and attach themselves. Placing a picture (sringa) of a scorpion-like being on the right of one's doorway helps to prevent shrendi from entering one's house. So does the commissioning of a sipakulu tangka (empowered painting) - these tangkas are often displayed prominently in a house when parties are held (and when shrendi are likely to enter, attached to guests). At times of cremations, some villagers place 3 stones by their door to prevent shrendi (attracted to the cremation) from entering their homes. And, of course, earning merit (e.g. through the performance of prostrations, recitation of mantras, circumambulations, the commissioning of mani stones, and rituals performed by lamas and monks, offerings and gifts to monks and to the gonda, etc.) is an important way of reducing the chances of being the victim of a shrendi attack.

Babies, in particular, are the focus of a number of preventive efforts because of their particular susceptibility to shrendi attack. Cowrie shells worn around the wrist; icons of high lamas worn around the neck, along with sungdi (red and yellow strings empowered by high
lamas) and srunga (a paper packet tied up with coloured threads and containing written mantras); and soot lines painted on the face (especially at night time) are all ways of preventing shrendi attacks. Babies are sometimes massaged with butter oil as a means of keeping them strong and supple. Ngamar (an empowered butter ball) placed on a baby’s forehead at a naming ceremony is a way of increasing the baby’s luck.

Traders sometimes wear on their belt a metal box containing icons of high lamas and srunga, to protect them from alien shrendi while on trading expeditions. Before leaving on a long journey, it is common to burn incense and throw rice grains to the gods. Sometimes, before a mountaineering expedition, a special lungtar (flags, printed with mantras) is commissioned and placed on a nearby hill so that the wind will blow the mantras through the mountains and protect the commissioner. At auspicious times such as a lunar eclipse (opkyal) or solar eclipse (nyimala opkyal) household altars are cleaned, butter lamps and incense are burned, and mantras recited as a means of preventing misfortune (at such times kurim cannot be performed by lamas and monks). Prevention techniques are sometimes employed even after death (where causes of death are considered to have not been adequately dealt with). Some Sherpas in the past would put a corpse into the river for a couple of days (or into a large copper pot in one’s house) prior to cremation, to prevent shrendi from attacking the corpse. Monks say that even one’s tse (life-force) can be extended as a means of prevention, for example by performing activities (tsetar) which help lengthen the life of other beings, such as removing insects from pathways, and buying animals destined for sacrifice in Hindu rituals.

What is important to remember here is that virtually all methods of prevention contain a religious rationale and rely on the intervention of the gods and on the accumulation of merit. This is because the causes of sickness are ultimately supernatural. There is no concept of physical fitness by itself as a means of prevention, nor - until recently - any concept of sanitation or hygiene or even of a ‘healthy diet’ (except as a cure). While amjis can list a variety of medicines with a prophylactic function, these are unknown to the average layperson. Furthermore, even the most concerted efforts to increase one’s store of merit, to mobilise the gods and to ward off shrendi will not guarantee immunity from their wrath, or guarantee that an individual will not suffer as a result of another person’s actions (or inaction). The most efficacious forms of prevention are not those carried out by the layperson but by the religious elite, and often for the community as a whole, rather than for
individuals. The opportunity for agency with regard to prevention is constrained by the
nature of the structure of causation, and the relations of power which are reproduced through
this structure.

A number of Sherpas commented to me that involvement in too many preventive activities
(other than merit-making) may, in fact, anger the gods, or attract the attention of shrendi to
a person's sense of vulnerability. One informant commented that his chronic champa ('flu)
was caused by the fact that he had previously put mar (butter) on the household fire every
day (as prescribed by a minung) as a preventive offering to the lu, thereby "spoiling" the lu
and reducing its ability to help fight off other shrendi. He recommended that preventive
rituals be performed only by the highest lamas and monks that one could afford.

Particularly important is the fact that access to preventive methods, and thus opportunity for
agency with regard to the prevention of sickness, varies greatly within the community. That
is, the wealthy, and those who occupy a high status within the community have more access
to education and knowledge (including methods of prevention), to texts (which are a
fundamentally important source of preventive healing power), and to the more expensive
(and high), preventive and merit-making rituals performed by high lamas and monks.
Moreover, this relationship between status, wealth and access to the means of preventing
sickness is well recognised - and accepted - within the community. One lhawa commented
that:

"the high people have texts and can call monks to have them read. Therefore they
don't get sick as much, and don't have to call the lhawa-minung as much. It doesn't
matter to them if the lhawa-minung's rituals don't work. But if you are poor, you get
sick and you call the lhawa-minung. You call the monks to avoid problems but you
call the lhawa-minung only if you already have problems. To be poor is to have
problems".

The prevention of sickness is thus considered a high activity relative to its cure. It requires
the performance of relatively high, orthodox, text-based rituals by relatively high healers.
The higher the ritual, the greater its power to prevent sickness. But it is the high and
wealthy in the community who have greater access to, and benefit most from the opportunity
to prevent sickness. Yet it is the low and the poor who need such opportunities the most.
Thus the structure of prevention serves to reinforce the polarisation of Sherpa society into
the high and the low, and reproduces unequal access to the means of maintaining health.
8.5 Relations between healers: a unified system?

In my M.A. thesis I summarised what I saw then to be some of the major differences and similarities between different Sherpa healers. In this thesis I have suggested that the most basic difference between healers is expressed in terms of the high-low theme that pervades Sherpa culture and society more generally. That is, the high lamas and monks perform high rituals which are essentially preventive, have a wide range of focus, are empowering, for both this and future lives, are regular and relatively public events, and are based on the high power derived from high gods and high texts. If performed correctly, a high lama’s ritual will inevitably have benefits, if not in this life, then in the next.

The lower lhawa-minung, on the other hand, perform low rituals which are more curative, more specific to a particular condition, individual, and time, are more this-worldly oriented, are relatively private events, and are based on the relatively lower power of lower supernaturals accessed through relatively low methods of divination. Even if performed correctly, a lhawa-minung’s rituals may not provide results, because they are subject to a variety of other forces. Lhawa-minung cannot deal with the gods or supernaturals unless they are actually expressing a grievance, while the high lamas and monks are able at all times to invoke and communicate with even the high gods. The tantric, banzin lama traditionally encompassed both high and low roles, but has slipped from a relatively high to a relatively low status since the introduction of monasticism. Indeed, the polarisation of high and low within the healing system appears to have increased markedly since the introduction of monasticism. The amjis form a separate category again, along with allopathic doctors, because they are somewhat alien to the Sherpas and are more overtly concerned with symptoms and the use of medical rather than spiritual interventions.

The type of healing power accessed by healers is an important distinguishing feature. One lama claimed that ong is restricted to high lamas and monks (because it derives from membership of particular spiritual lineages) while banzin lamas’ power is nga (that is, it has its source in tantric practices) and that of lhawa-minung is a different form again, deriving from girpa. Furthermore, he suggested that while ong is increasing (as a result of more orthodox transcendental practices within the gonda), nga and girpa are decreasing (because of the increasing polarisation of life and death as a result of the impact of samen kokpu). In the same vein, possession (lhabeu) is becoming increasingly physically debilitating and polluting for lhawas who practise it, and other non-text-based methods of divination are
becoming increasingly unreliable, while the greater number and quality of high texts available to lamas and monks means that text-based rituals render the officiant more pure and powerful.

Another important difference between healers is the nature of their calling and training. Because of the significance of knowledge, and the high status afforded in particular to knowledge that is derived from texts, Sherpas make a clear distinction between lhawa-minung who are called (and "trained") by a girpa (actual, deceased kinsperson), and lamas/monks and amjis who claim membership of a spiritual lineage and are trained by high lamas using texts. Because of the higher source of the latter, the identity of the source is always known and unchallenged, while that of the lhawa-minung may remain unknown, or at least problematic. With the increasing polarisation of life and death as a result of samen kokpu, there has been an increasing emphasis on text-based rituals, and thus increasing polarisation of roles between those who can and cannot claim training in this tradition.

A major difference between a banzin lama and a monk is, of course, celibacy. A banzin lama is free to move into the gonda if they wish (and at least one minung now claims the title of 'lama'), but even widowers cannot claim the title of tawa (monk). On the other hand, a tawa who becomes involved in a sexual relationship must leave the gonda and either become a banzin lama or give up the religious life altogether. This has occurred, in recent years, in a number of cases. Note, however, that in the Khumbu, celibacy has become significant only in the last 50 or so years, and in even less time than that in Thame. In fact, the abbot of Kyerok gonda, who presides over a number of monks and nuns, is himself married, and his heir (his son) is also married.

The rise in importance of celibacy is associated also with the rise in the number of recognised tulku in the Khumbu, because tulku are expected to be celibate. (One tulku in Solu, who left his gonda to take up residence with a female has been strongly condemned by his community and "his tulku is now broken"). I was told by one informant that the Kyerok abbot's father was reincarnated as the younger brother of the Thame abbot (who is also a tulku) in nearby Rolwaling Valley. The Kyerok abbot, however, (whose right to pass on his title to his son would be threatened by recognition of his father's tulku - note also that such recognition would concentrate religious power in the Thame abbot) - has thus far not recognised the tulku. As a result, the tulku has "given up religion" and become married,
thereby "breaking his tulku". This situation is complicated further by the fact that another brother of the Thame abbot (and the Kyerok abbot's father's tulku) is at present a high tawa at Thame gonda. Finally, the Thame abbot himself is recognised as the tulku of the previous abbot, whose married son remains a high lama at the gonda and whose own married son is also a high lama (though not officially a tawa). Although recognition of the present Thame abbot as a tulku has dispossessed them of their right to inherit abbothood through descent, they fully support the abbot and play a very important role in gonda life. This is partly because they recognise the abbot as the reincarnation of their own father/grandfather.

The Tengboche Rimpoche once described the differences between the major sects within Buddhism in terms of how followers of each sect might respond to the discovery of a poisonous flower in their garden. A Hinayana Buddhist, he suggested, might leave it alone, or perhaps pull it up and throw it away. A Mahayana Buddhist might examine it for its homeopathic value. But a Vajrayana Buddhist would simply eat it. This is an interesting analogy, because the Sherpas are traditionally followers of Vajrayana, yet their religious behaviour today is in many ways more akin to that of the Hinayana follower. The classic 'mad saint' (see Epstein 1978), the ultimate practitioner of tantrism in Tibet because he is beyond all rules, oppositions and fears, is not found in the Khumbu. Since the introduction of monasticism, the influence of the sutra (vis-a-vis the tantra) has increased considerably, as reflected in the declining status and role of the tantric känzin lamas.

Having said all of this, we must account for the fact that healers do co-operate and complement each other in practice. Often a lhawa or minung will be sought to identify a cause and to propitiate it and "send it away"; an conji or allopathic doctor will be sought to treat the symptoms; and a high lama and/or monks will be called to consolidate the efforts of other healers through a life-empowerment ritual.

One interesting observation arising from my fieldwork was that no individual lhawa or minung I spoke with claimed to be "better" or "more powerful" than another, nor did any individual lhawa or minung overtly criticise another (even if high healers would occasionally subtly deride low healers and their methods). When one healer is discussing other healers, it is usually a category of healer that is referred to, rather than an individual, to ensure that relations remain cordial and functional (if not actually respectful).
On a number of occasions it was pointed out to me that healers had to have good relations with each other because no healer is able to heal him/her self. This is because, as already discussed, every healing encounter requires both a spiritual exchange between the gods and the client (which must be facilitated and mediated by a healer) AND a material transaction between the healer and patient. If no such transaction takes place, healing power cannot be accessed and healing thus cannot occur. Thus, for example, when the minung K.T. suffers a condition thought to be caused by a lu or a pem/herpa, he calls the minung S.L., and vice versa. Alternatively, when either requires the services of a lama, he will call Lama Tenzing. And at all village-wide festivals, all healers will seek the blessing of Thame Rimpoché. Even when sickness occurs to a healer’s close relative or friend, the patient must “pay” the healer for his services, or healing cannot be effected. That is, exchange is fundamental to healing, and through healing, relations of reciprocity and inter-dependence are reinforced. While it is not common for different types of healers actually to work together (because of the fear that the gods might be angry), this does occasionally occur. In one case that I witnessed, the minung K.L. was making offerings to the lu while the high lama, L.O. was simultaneously making offerings to the lha. L.O. could have done both offerings, it was explained, but having two healers working served to “double the merit”.

In another case, a high lama co-operated with a lhawa to perform a gyaptak delup (i.e. to contact a deceased person to determine their progress) on behalf of the deceased’s family. The lama performed a kind of shetu (funeral) to attract the deceased’s sem, and the lhawa then performed both tabeup (to confirm the identity of the sem) and ihabeup (to provide a mouthpiece for the sem). This ritual is, however, considered very problematic because it involves interfering with the realm of the dead. Since the introduction of monasticism it has been performed far less frequently. There does, however, appear to be more tolerance of such rituals where the officiants are both well-respected. As one lay informant explained, “there is more co-operation between high lamas and powerful lhawas than between high lamas and minung because the powerful lhawas can speak the same language as the lama but the minung can only speak like us”.

On one occasion, a monk mentioned that he had once been successfully healed by a lhawa. When I questioned him further on this, he explained,

“we monks don’t believe in lhawas’ gods but sometimes we have to use them. The lhawas’ gods are the gods of the people [laity], not the monks. But sometimes we get sick in the village and have to use them. But we cannot believe them because our
vow is to follow the gods of the lama, not the lhawa-minung”.

That is, a monk’s ‘belief’ or otherwise in lhawa-minung and their gods is more a function of their role than of any explicit intellectual understanding or experience. (Note here, also, the case of Thame Rimpoché consulting the lhawa L.P. to divine the cause of the mental illness suffered by one of his relatives in the Rolwaling Valley).

The greater authority of the lama over the lhawa-minung is reflected in the fact that only a lama can interpret their calling, identify its source, test them, and empower them (tsalám betup) to control it in such a way as to effect healing. Furthermore, only a lama can cut the channel (tsalám dangbup) of the lhawa’s power if a lhawa has become a ‘black’ lhawa and is suspected of performing sorcery indiscriminately, or if for some other reason the lhawa needs to be divested of his power. This control of the lhawa-minung’s power is highly significant, for it ensures that the legitimation of healers and healing practices remains firmly in the hands of the religious elite.

All lhawa-minung and even most banzin today acknowledge the higher status and authority of the lamas and monks. One minung makes a practice of consuming the left-overs of lamas and monks after they have eaten, believing that these become a kind of chilap and tu (empowered water) and thus a source of merit, which might cancel some of the demerits accrued in the course of practising as a minung.

Although there is no pre-determined structure as such for referrals, most lhawa-minung are happy to refer patients to lamas for life-empowerment (tse ong) rituals, once causes have been dealt with. Some lhawa-minung, in fact, demand that patients consult amjís for such conditions as tuk, once they have successfully exorcised the gyaptak. Occasionally, a lhawa-minung may refer a patient to a lama to have his astrological data determined (including his kyek i.e. bad luck periods) prior to performing a curing ritual, to ensure that it will be auspicious. I have also heard of a minung referring a patient to a lama to divine whether the rituals performed by the minung were appropriate and successful. One minung explained to me that

"behind every shrendi is bad luck. There is no point in sending away the shrendi if the bad luck remains, because the bad luck will not attract the shrendi again. To send away the bad luck we need lamas".

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There is less likelihood, however, of a lhawa-minung (or indeed any type of healer) referring patients to another healer of the same type. Indeed, the element of covert competition that exists between healers of the same type appears to encourage referrals to healers of different types, and to reinforce the hierarchy and diversity within the healing system as a whole. Note also that the degree of competition is greater between the relatively low lhawa and minung than it is between lamas and monks and amjis.

Note also that when a lhawa-minung is him/her self sick, he is not able to cure others. A high lama or monk, on the other hand, is able to heal at all times because they derive their healing power from a source higher than that causing the sickness. (In fact, the highest lamas are believed to be a source of healing power even when they are dead). For this reason, referrals are more likely to be to high lamas and monks than to lhawa-minung. Again, the hierarchy of relations between healers is reaffirmed.

While the religious elite often expresses a certain amount of disdain for the activities of lhawa-minung, such activities are, in practice, generally fairly well tolerated. This is partly because they minimise the religious elite’s involvement with the polluting and more capricious lower supernaturals, involvement which may not always prove successful, and which might thus challenge the authority of the religious elite. As Ortner commented:

"the high gods of the religion are behind, and assumed by all rituals directed to lower deities... [This] allows the high gods to keep their hands clean, and to enter the party only after their underlings have dealt with the messier issues" (1978:131)

Furthermore, the very existence of lhawa-minung serves both to highlight the relatively higher concerns and superior status of the religious elite, and to reinforce the existence and problematic nature of relations with the supernatural realm, and thus the need for the religious elite. That is, the acceptance, in practice, of the existence of supernaturals and thus the role of the lhawa-minung, provide the best means of legitimating and reaffirming the religious elite’s role and superior status. This is why shrendi and dui are not permanently destroyed through healing rituals as much as controlled. One informant explained that

"lhawa-minung are lhenji kewide [i.e. like shadows]. We can see them but we cannot touch them. We can use them, but they are not real. For this reason we cannot be sure that they destroy the shrendi”.

Indeed, even the control of dui and shrendi can be only temporary. Were permanent victory and control achieved, the very raison d'etre for healers and the religious elite would be lost; human nature would no longer suffer from dualism, and worldly activity would become
The more one confronts the shrendi and dui, the more their existence is confirmed. The more their existence is confirmed, the more they must be confronted. It is an important paradox that while the ultimate purpose of orthodox Buddhism at a doctrinal level is to destroy and transcend the shrendi and the dui, its ongoing existence and more pragmatic purpose does not allow it in fact to do so. What is sought in practice is a dynamic balance between positive and negative, pure and impure, physical and spiritual, black and white, high and low, sickness and health, and so on, rather than any final static resolution. Lay life necessarily involves such a balance, and the lhawa-minung serve an important role in maintaining this balance.

Ortner has commented that:

"Buddhist orthodoxy is indeed regularly challenged by 'demons' - by the low consciousness of lay people... and by the ritual practices that 'socialise' the gods. And the rites really are about the struggle and would-be triumph of Buddhism... the religion must regularly reassert its claims to people's allegiance and dependence, reconquer its foes, and re-establish its hegemony" (1978:168-9)

But it is a hegemony that encompasses - rather than denies - the role of the lhawa-minung, and the opportunities for worldly agency that they provide. Reasserting the supremacy of the religious elite reaffirms the structure of relations between them and the lhawa-minung, and of social order more generally. As Ortner has suggested, through such reaffirmation "the transcendence of spirit over body, the highness of the 'big people', and the triumph of the gods are all rendered homologous. Divine protection, personal immortality - and social inequality - are all experienced as part of the same package" (1978:127)

In many ways the relations between healers and their patients is of primary significance to the power and efficacy of healers. These relations can be influenced through agency, but are ultimately constrained by the structure of relations within the community (and, ultimately, the cosmos) more generally. That is, they cannot be wholly controlled, and are subject to considerable variation. For reasons which often remain unknown, relations between healers and patients may, on occasion, be tethup (i.e. positive, functional, and conducive to healing) but on another may be methe (i.e. lacking in that which makes relations conducive to healing). It is important to note here, however, that the religious elite are less subject to these arbitrary changes in relations because, as one informant put it, "to be a high lama is to be
above methe. You cannot have methe with the Rimpoche. Rimpoche is like pure, white paint - it always mixes with all colours. But the rest of us have some black paint which doesn't mix, and makes the world less colourful".

Given both the significance and problematic nature of relations in Sherpa society, this claim to be 'above' relations ensures that the religious elite retain an unchallenged position of supremacy in both the social and religious order.

The relationship between Sherpa lhawa and lowlander Hindu dhami-jankhri who reside in the Khumbu is less fixed than that between Sherpa healers. On the one hand, as already indicated, Sherpas claim that they do not consult dhami-jankhri, because they do not have control over the local shrendi who cause sickness, or the local lha who assist in healing. Indeed, some Sherpas fear the dhami-jankhri as a source of lhadarou (sorcery) and nganga (magic). On the other hand, my observations suggest that dhami are in fact consulted occasionally, especially where sickness is believed to derive from lowlander supernaturals.

Most Sherpas are aware of, and respect/fear the power of banjankhri (forest spirits) who call and train the jankhri, and a number mentioned to me that the Hindu deity Siva - who is seen as the ultimate source of a jankhri's power - has a close, mythical relationship with Guru Rimpoche. On one occasion I attended a Hindu jankhri's jatra (festival) called rikita pumi, held on a janai purima (full moon) at a high glacial lake in Solu. At this jatra, hundreds of jankhri came to offer worship to their Hindu tutelary deities and to demonstrate their power. Among the jankhri were a number of Sherpa lhawas from Solu, offering worship to the same Hindu deities.

The relationship between Sherpa healers and allopathic medicine has fluctuated considerably since the latter was introduced. In 1971 the doctors at the Hospital wrote:

"we have seldom known traditional rituals to conflict with Western medicine and can claim an amicable relationship with most of our 'professional colleagues', many of whom consult us about their own ailments" (Lang and Lang 1971:5)

At the same time, as Strang observed:

"Western medicine continues to be accepted only slowly, and still traditional forms are often resorted to initially, especially for more serious conditions" (1972:6)

More recently, Western doctors have been increasingly pessimistic about engendering the
support and co-operation of traditional healers. In 1984 Buswell wrote “we feel there will continue to be some conflict between hospital-based health care and traditional healers, particularly the lhawas” (1984:1). This is unfortunate because most Sherpas regard allopathic medicine not so much as in conflict with Sherpa healing systems as simply more limited in its scope.

Note, though, that even Tibetan medicine is seen by some Sherpas in these terms. Indeed, as we saw above, the majority of Sherpas believe that there is a natural affinity between Tibetan and allopathic medicine (primarily because of their emphasis on curing symptoms with material interventions) and see much scope for co-operation between the two. However, it is also generally felt that such co-operation will rely more on the willingness of allopathic doctors to learn about the amjis’ methods rather than vice versa. As one amji explained:

"to learn allopathic medicine you have to learn how to cure the symptoms, and this is easy if you have the texts. But to learn amji medicine you have to start with religion, then learn about health and herbal collection and divination, and only then about sickness and curing. Doctors don't know about these things".

One ani (nun) explained that

"healing is nyinje (compassion). The Hospital doesn't understand this. The Hospital treats the suffering of the patients but ignores the suffering of the shrendi [i.e. the causes], and so the sickness comes again. That isn't compassion. For complete healing you have to go to the lamas".

8.6. Regional variations.

The Thame valley has historically had a reputation for having a greater number and variety of healers, and more powerful healers, than other parts of the Khumbu. This is perhaps because of the early influence of its two gonda, and because, in recent years, it has remained off the main tourist routes. The people of Thame valley also have more of a tendency to utilise their own healers rather than those from other areas. It is somewhat problematic, therefore, to extrapolate from the situation in the Thame valley to other parts of the Khumbu, and certainly to other Sherpa communities in Pharak and Solu, the Rolwaling valley and the Helambu region to the west.

In the Rolwaling, there are no lhawa or amji (nor, for that matter, a health post). In the recent past there are said to have been four minung but these have now “gone trekking”. Despite Rolwaling being the original home of at least two recognised tulku (who are now at Thame gonda), and despite being recognised as an important beyul (sacred valley) once
Inhabited by Guru Rimpoché, Khumbu Sherpas tend to look down on Rolwaling Sherpas as somewhat lower than themselves, perhaps because of the history of migration to the valley (see Chapter 2). Today there are few resident lamas and monks in Rolwaling, for many of these have either gone to gondas elsewhere or, like the minung, have taken up more lucrative activities. Lu, pem and nerpa are therefore said to be more active than in the Khumbu, because there is no high lama to subdue them or lhawa-minung to exorcise them. Sickness is thus a real problem for Rolwaling Sherpas, and the occasional visits by the Thame Rimpoché are of great significance. Occasionally, pieces of a patient’s clothing are brought over the high Teshi Laitsa pass to Thame healers so that causes can be identified and healing effected. Occasionally, Hindu dhani-jankhri from lower down in the Rolwaling valley are consulted.

In Namche, health status has been affected, in part, by the variety of ethnic groups living in the village, and by the number and variety of outsiders passing through. There is a higher incidence of rim (i.e. contagious diseases), alcoholism, ulcers, tuk and mental illness than in other Sherpa villages, despite its greater wealth. Most Namche residents remain sceptical of the Government health post but are more favourably inclined towards allopathic medicine and prefer to go to the Hospital if conditions are serious, or to their own healers. In Namche, there is an elderly Tibetan banzin lama, a number of monks, a dhami, and - since my departure - a minung. (She had actually been called some 40 years ago in Tibet, but had not practised in the Khumbu until recently, because "the gods are different"). Many Namche residents consult the lhawa L.P. nearby in Jharok, and other lhawa-minung in nearby villages.

In Khumjung-Kunde, villagers have access to 3 lhawa and 2 minung as well as a lama, and, of course the Hospital. By their own admission, they are well served in the area of health (though note that the presence of the Hospital has not decreased utilisation of traditional healers). In Phortse there is very little utilisation of allopathic medicine and a strong preference for the female lhawa, the male minung, and the 2 banzin lamas who live there. Across the valley at Tengboche there is, not surprisingly, far greater reliance on the monks and the Rimpoché of the gonda, and the female village health worker (a trained nurse but also an active supporter of the monastic approach to healing). In Pangboche there is a high celibate lama, the highly respected lama and amji Dipu Rimpoché, a number of banzin lamas, and a female minung. Pangboche villagers are hesitant to use the village.
health-worker at Tengboche, and often call the lhawa at Phortse.

In the Pharak region, below Namche, the community has access to 2 lhawa (who share the same girpa), but they do not appear to be used very frequently. Indeed a number of informants there commented that the lhawa were very low, and villagers prefer to use lamas and monks and/or the health post (and Hospital at Kunde, if necessary). The dhami in Namche is also occasionally consulted. In the past, an amji living at Lukla was also sometimes consulted for cases of tuk (which seems to be particularly prevalent there). Lukla is a relatively new, transient and multi-ethnic community, built up around the new airstrip. Sherpas living there complain that the incidence of rim, tuk, alcoholism, pang, ulcers and mental illness has increased dramatically in recent years as a result of the stresses of living in this community. There is a relatively effective health post in nearby Chaunrikarkha, a banzinlama, a Tamang dhami, and, in the past, an amji, but no lhawa-minung.

In the village of Karikhola further to the south, a community comprising both Sherpas and Bishwa Kamis, there is a Sherpa lhawa, plus two male and two female Bishwa Kami jankhri, as well as a banzinlama and a health post. In one case, a middle-aged Sherpa woman lost her voice and suffered from extreme chest pain. First she went to the health post, but without success. Next, the lama was called, but he never came "because he lives too far away". Then the Sherpa lhawa was called, but he divined that the condition was caused by the Hindu gods, and thus he could not help. As a result one of the female Bishwa Kami jankhri was called, but she had no success, so one of the male jankhri was called. The patient slowly improved, but she commented to me that "up in the Khumbu, Sherpas never get sick because they have so many healers close by, and so many monks. But down here the air is bad and the water is bad, so the monks don't stay here, and so we get sick more often. It is better to live in the high place, with the monks".

In Solu, it appears that lhawa-minung work in closer conjunction with the religious elite than they do in the Khumbu (see, for examples, Down's photo-essay of life in Junbesi, in which he suggests that lhawa-minung actively assist in the performance of funerals. Paul (1984a) recounts how a number of lhawas in fact see themselves as lamas. Some of the possible reasons for the closer co-operation between lhawa-minung and lamas in Solu include the fact that many lhawa-minung read texts as part of their activities; there are fewer gondas and
thus fewer monks and high lamas per head of population; and the lhawa-minung have, over
time, been less marginalised from the religious elite (reflecting, perhaps, the earlier mass
settlement of Solu than that in the Khumbu - see Chapter 2).

In Phaphlu there is a minung who is also an ami (nun) and serves as the "watchman" at the
local gonda. Her parents placed her in the gonda at a young age. When she became a
"watchman", villagers began to come to her for healing, and she sought the advice of the
lama. She discovered that she had an extraordinary ability to heal, and the lama divined that
in fact she had been called by her father's father to be a minung. She uses a variety of
divination and treatment methods, the latter ranging from conventional chilap and srunga to
her own 'medicine', comprising a piece of paper printed with mantras and swallowed along
with tu (water empowered by high lamas) and a mixture of kaur (camphor) and akchuwa
(roots of a red-leaved plant). Another of her medicines consists of eggs (laid by white hens)
which are mixed together with a senpar (divining stick) and rubbed into the eyes of patients
thought to be suffering from tip (pollution). She explains that her nga (power) is particularly
strong because she was born at the time of a big earthquake (which destroyed the Tengboche
gonda).

The Government health post at Junbesi has a capable and committed health worker, who
treats approximately 80 patients per week. He also places much emphasis on maintaining
good relations with local lhawa-minung. In Jialsa near Salleri (a community comprising
approximately 300 mostly elderly Tibetan refugees), healing services are provided by an
amji, a minung and a health post. The minung is a middle-aged Tibetan male from a
wealthy family, who was forced to earn his living as a servant in Namche when he first
migrated to the Khumbu after the Chinese takeover. He claims to have two girpa, one his
paternal great-grandfather, and the other his father's mother. In Tibet he had been a ngakpa
lama, but claims that as a result of the tip he contracted as a servant, he lost this status and
became a minung instead (though still treating patients by transferring nga). Furthermore,
because he has no time to do the tsam (ascetic retreats) necessary to the maintenance of nga,
even his power as a minung is decreasing.

In Salleri, an elderly male minung has recently claimed the status of a tawa, but continues
to work as a minung. His case is interesting, also, because it is said that his calling came
from his father but that it first passed to his eldest brother. When the eldest brother died, the
calling passed to his second brother, then to his sister, and then, finally, to himself. He
claimed that he has too much competition from *dhomi-jankhri* because "they get their sakti (power) from Siva but Sherpas can't, and [thus] aren't as powerful".

There are some other major differences between Sherpa *lhawa-minung* and *dhomi-jankhri*, including the *lhawa-minungs' lack of any observable entrepreneurial efforts: (some *dhomi-jankhri* in Solu are renowned for their aggressive marketing ploys); their lack of any significant material basis to their remedies; their refusal to utilise sacrifice as part of their offerings; their resistance to 'black' shamanising; the more localised and personalised nature of their tutelary deities; the more private nature of their rituals; the lesser scope for negotiation with deities; the lesser emphasis in their rituals in creating mood through dramatisation and performance; and the lesser emphasis on discussing and understanding the wider, sociopolitical context of their patients' conditions. Nevertheless, despite the increasing contact with *dhomi-jankhri*, it would appear that Sherpa *lhawa-minung* are maintaining their own identity, and will continue to be the first choice of the majority of contemporary Sherpas.

8.7 Conclusion.

In this Chapter I have tried to convey something of the complexity of the traditional healing system and the various healers who represent it, while simultaneously questioning whether this complexity necessarily implies a "pluralistic" system, at least in the sense that its users are able to choose between viable alternatives in a way which might improve their health and well-being. I have demonstrated the significant variation in, and distribution of healing knowledge and attitudes among different healers and types of healers, and have shown that principles regarding the calling, training, methods and so on of healers will not necessarily be adhered to in practice. Yet I have also demonstrated the pervasive influence of the high-low opposition on ordering the structure of healing and relations between healers. This opposition, which is found throughout Sherpa sociocultural life, significantly constrains the opportunity for agency which the system as a whole might otherwise promise, and suggests strongly that the label 'pluralistic' might be misleading in some important ways. Indeed, the question which arises from this description is not so much why the Sherpa healing system is pluralistic (relative to that found in the Western world, for example), but rather why it is not more pluralistic?

Anthropologists have long been intrigued by what Beals called the "sponge-like acceptance
of medical information and practices regardless of its source" (1976:191). (Even in 1937 Evans-Pritchard, for example, highlighted the capacity of the Zande to switch explanatory models and justify the utilisation of apparently conflicting ritual systems in terms of the variety of needs and goals which worldly existence presented). This tendency has also been noted among the Sherpas. Paul (1977), for example, recounts his initial inability to understand how a lama could one day carefully remove the insects from his field to avoid hurting them, and the next day request pesticide to kill them. With reference to Sherpa religion, Paul comments:

"the same religion can have within it mystics and ascetics, transcendentalists and immanent divinists, mighty scholars and unschooled religious virtuosis... Many of these different strains co-exist in the same sect, in the same doctrine, and even in the same person" (1970:396)

It seems that it is Westerners, rather than Sherpas, who are preoccupied with this plurality, and even after devoting an entire M.A. thesis to the subject (See Chapter 5) this anthropologist is still hooked! This, despite such clear explanations as the following:

"we go to the lhawa-minung to send away shrendi, to the lamas to make the gods happy, and to the amji and Hospital for medicines. It's very simple".

The reality is not quite as simple as this. This becomes clear when patients themselves, their knowledge, attitudes, expectations, experiences and behaviours are examined. This is the subject of the next chapter.
CHAPTER 9:
PATIENTS.

While much has been written by anthropologists on Third and Fourth world healers the study of patients is still in its infancy. In particular, there is a dearth of data on the variation and the distribution of patient knowledge and attitudes to healing; relations between patients and healers; the various discourses through which these are expressed; the relationship between these and patients actual sickness experiences and health-seeking behaviours; and the historical sociopolitical and economic origins and the consequences of this relationship more generally. This is somewhat surprising as medical sociology has long been concerned with at least some of these issues within the context of Western societies (e.g. Parsons, Turner 1988).

In recent years a number of anthropologically-oriented health professionals have begun to investigate the subjective culture-influenced response to physiological dysfunction and pain (e.g. Good), lay therapy management and pattern behaviour of care (e.g. Janzen), choice behaviour (e.g. Found), compliance patterns and determination of efficiency (e.g. Kleinman and Sung). However, the majority of these investigations are still couched within a predominantly clinically-based, actor driven, ahistorical and apolitical framework. On the other hand, studies of the political economy of sickness and healing in the Third World communities (e.g. Taussig 1980, Djurfeldt 1975) often under-emphasise the role of the individual actor and the way in which local power structures interface with the wider forces of medical imperialism. Such studies often assume patients (and women in particular) to be passive victims (e.g. Lewis 1971, Obeyesekere 1969, Kakar 1982). Rarely do such studies address the complexity of issues underlying the role of traditional healing systems as instruments of social control, and even more rarely the practical implications of these for engendering empowering health care strategies.

In this Chapter I seek to strike something of a balance between these various approaches to provide a view of the experiences of sickness and healing as expressed by Sherpa patients (nepu) themselves, and to demonstrate the difficulty of assuming that patients are either free agents or passive victims, with regard to sickness and healing. Again I draw attention to the variation and distribution of knowledge and practice among Sherpa patients, and demonstrate the pervasive influence of the high-low theme and how this articulates with the hierarchical structure of social relations more generally.
9.1 Knowledge and Attitudes

In examining patients' knowledge, an important distinction must be made between knowledge of given “facts”, relating to more or less “objective” and shared observable reality (the Sherpas sometimes refer to this as “outside” or “low” knowledge) and knowledge concerning the underlying meaning of such facts, and of more spiritual concerns (“inside” or “high” knowledge). While the former is more or less accessible to any one who chooses to pursue it, the latter is restricted to those with the appropriate occupation, sex, status and control over the means of production and distribution of such knowledge i.e. texts, chopa and the supernatural realm more generally. Outside or technical knowledge is necessary for mobilising healers and the religious elite to assist in times of sickness and spiritual need, but it is not a sufficient condition: it cannot achieve healing directly. For this, “inside” or “interpretive” knowledge is required, and only the religious elite have this. As one lama explained:

“even if I could read and write and speak English, I would still not be a mikar (Western). In the same way, even if someone in the village had all the knowledge of the texts, he would still not be a monk. To be a monk you must have taken religious vows. Otherwise the texts may not help you and may even be poison.”

The laity by definition are excluded from the spiritual lineage through which high inside knowledge is transmitted (and empowered). Women are debarred from any high religious roles (and thus from access to high, inside knowledge) by virtue of their sex. (The cult of dakinis is very weak in the Khumbu and even nuns have very little effective power. I found it interesting that while every Sherpa knows Guru Rumpoche, not many know of his consort Yeshe Tsogigal. The laity as a whole do not discuss, certainly cannot write, and in almost all cases cannot read the texts (in Tibetan) which embody empowering inside knowledge. Healer-patient communications is minimal, negotiation with a healer is rare, and negotiation with a supernatural agent is unthinkable. Patients do not speak, understand, or seek to have interpreted for them the codes, sociolects, specialist healing mantras and invocations/songs used by healers and religious practitioners for communication with the gods and supernaturals. Nor, of course, do they have access to, or permission to use the various techniques of divination (including possession) required for healing, or the chopa which enables this.

Healers and religious practitioners must— and do—provide their clients with factual knowledge, but to the extent that patients are merely consumers of such knowledge, and to the extent that this knowledge individualises the sickness experience and masks the sociopolitical nature and consequences of its control, it can hardly be regarded as empowering. One devout informant explained his lack of religious knowledge in the following terms:

“outside knowledge is good for this world but it does not give us merit or a better rebirth. For this we must learn to do, not to think; to be virtuous and be compassionate. Trying to
get knowledge is like trying to get wealth - we can never get enough and it cannot give us merit. The lama does not try to get knowledge. He has it from past lives. Even monks have problems if they think too much. So we don't think knowledge is important for the spiritual life”.

The introduction of monasticism in the Khumbu has signalled an elaboration - and certainly an increase in the amount - of high religious knowledge, particularly that locked within orthodox texts and rituals. But such knowledge is more controlled by the religious elite and less accessible to the laity today than it was in the past, due largely to the increasing separation of the religious elite from the laity with monasticism.

What is interesting is that the majority of monks and even many high lamas do not have (or at least do not choose to demonstrate) any mastery over spiritual knowledge. When a monk reads a text for himself, the motivation is the merit that comes from the action, not the increase in interpretive understanding. Indeed, the latter is seen as potentially dangerous and reserved for only the higher monks. (The only teaching as such that I ever heard in the Khumbu was from Dipu Rimpoche at a sahjipumba ritual, and when I asked my informant what the teaching was about he said that he did not know). And when a ritual is commissioned, the objective is to hire as many monks as possible, because merit ensues from the actual quantity of vocalisation of the texts rather than any interpretive understanding that might arise from them. Similarly, the higher the monk reciting, the more merit ensues, even though the text is the same. Finally, ritual recitation rarely involves actually “reading” a text, word for word, as much as what might be thought of as “skim reading”, accompanied by vocalisation.

In this context, it is little wonder that patients with whom I spoke knew little about the conditions (and treatments) they suffered from. It was clearly much easier, and more culturally appropriate to refer my questions to the lamas. (Those who did offer interpretations of rituals sometimes admitted that such interpretations “might be Tibetan or Nepali” rather than a Sherpa interpretation as such. Indeed, one of my most articulate informants - a lama - repeatedly preaced his remarks with; “this is the way they said it when I was in Tibet”).

The average adult Sherpa attends perhaps 20 healing rituals of various kinds each year (including those performed by lamas and monks). However, in the majority of rituals that I witnessed, both patients and onlookers had to be instructed by healers as to what to do. That is, even those who had attended a great number of rituals in their lifetime were demonstrated unfamiliar with the ritual structure and their role in it, or at least were very reticent to participate without the healer’s explicit
instructions. On one occasion I asked a friend who had observed his grandfather (a lama) perform numerous healing rituals, why he had not also become a healer. Without hesitation he replied:

"because I am not a lama. Maybe I know what to do, but I do not know how to do it because I do not have the chopa or the calling. [Similarly] I know what to do to build a house but if I need a house built I must call the carpenter because he has the tools."

At one ritual performed by a minung, I was accompanied by three friends. The first, T.D., explained that the food offerings "would make the shrendi happy". The second, A.P., explained that the food offerings "would trick the shrendi into coming so that they can be sent away". The third, A.G., explained "that when the shrendi eat the food and drink the chang they get lazy and sleepy and the minung can creep up on them and kill them". The differences between these explanations may not be substantial but they are significant insofar as T.D. is young and relatively well educated while A.P. and A.G. are both middle-aged and uneducated. It would appear that the notion of offerings as a placation to supernaturals is more consistent with the contemporary, more passive, transcendentally-oriented approach favoured by the monasteries, while the emphasis on a more active role in exorcism appears to be more characteristic of the older generation.

A number of Sherpas explained to me that lhawa-minung divine by "seeing", but noted that no single lhawa or minung can see everything, and that the ability to see will vary according to the degree of tip that the healer has acquired. "Mistakes" are thus common, if not inevitable. Other Sherpas pointed out that it is not the lhawa-minung "seeing" but rather the god/supernatural revealing itself and "speaking". "Mistakes" are thus the result of patients not being able to see/hear correctly. When I asked whether doctors or amjis might also "see" the causes of sickness there was much uncertainty. Finally, one informant explained that:

"we don't know anything about doctors or amjis because they come and go too fast for us to know them. Lamas are always here. The knowledge of lamas stays the same because it is written in the text, but the knowledge of the lhawa-minung is like the weather - changing all the time."

Many Sherpas know of places where sickness might strike and, in particular, where lu and shrendi are believed to be particularly active. Much of the local geography is, in fact, based on such places. (In one case a patient explained that his choice of a certain minung was because the minung had once lived on the site where he now lived and she therefore had an intimate knowledge of, and good relations, with the lu that resided there. However, other Sherpas (and not necessarily the younger and more educated) do not share this knowledge. For example, an entire village near Thame was abandoned three generations ago. Even the chorten is today in ruins (they are normally well cared for). A major path goes straight through the village and presumably the reason for abandoning the
village must be a regular topic of conversation. However, only one informant, a monk, was able to
tell me why the village had been abandoned and why the chorten was left in ruins. (The reason seems
to have been a plague, perhaps smallpox, which was divined to have resulted from the gods being
angry at the siting of the village).

Very few lay Sherpas had any knowledge at all about places of healing power. Lama Tenzing once
told me how there is a line of places with such power stretching between Chebri (in Tibet) and
Bodhgaya (India), which passes through the Khumbu. The Kyerok gonda was built on one of these
sites. However, Lama Tenzing was the only person I spoke with who seemed to know this important
part of the Khumbu’s history, and he had to refer continually to his text for the details.

Prior to commencing my field work, I was particularly interested in exploring whether Sherpas ever
perceived charlatanism as occurring amongst their healers. In some preliminary work on cargo cult
leaders in Melanesia (Draper 1976) I had been struck by the significance of what I called
“institutionalised deceit”, and the inability of Western analysts (and administrators) to understand or
account for what I called “the power of belief” i.e. belief which is the product of relations of power
as much as the knowledge per se. Perhaps not surprisingly, I “discovered” a similar phenomenon
amongst the Sherpas. On several occasions, Sherpas did express considerable cynicism about the
“tricks” played by Hindu dhani-jankhri, particularly those who extracted material objects from their
patients’ bodies and did not use texts. (At one jankhri festival I attended, a Sherpa friend pointed out
how a jankhri who was attending to an unconscious patient was obviously a charlatan because he was
“beating the drum from the wrong side”). However, there was considerable reticence about directly
accusing Sherpa lhawa-minung of wilful charlatanism, most informants preferring the idea that this
would only anger the gods and cause the healers themselves to be sick. Any evidence of apparent
deceit was more likely to be seen as just evidence of the capricious and low nature of the
supernaturals with whom lhawa-minung are involved. As one informant explained, “it is better not
to think about such things. If you are sick and you need a lhawa and he can help you, what is the
point in not believing? That will only make mete” (i.e. the loss of that which renders a relationship
between healer and patient conductive to healing).

On the other hand, “belief” in healers was rarely explicitly mentioned, either, as a determinant of
efficiency. After questioning my informants further on this, it became clear that a concept of “belief”
as something which is “chosen” by an individual on the basis of a so-called “rational” assessment of
available evidence and experience, is simply not particularly applicable to the Sherpa situation.
Indeed, the Sherpa term which approximates “belief” - *padakyerup* - implies more an involuntary action, an offering of worship rather than a voluntary perception about a particular subject. “Devotion” is perhaps a more appropriate term, though even this must be qualified by an emphasis on the practical rather than intellectual/emotional aspects of devotion (seen, for example, in the Hindu *bhakti* tradition). It is perhaps an overgeneralisation, but it appears to me that Sherpas do not “choose” to believe or otherwise; they simply “believe”. Even those who are more educated, more exposed to other beliefs, and who have been trained to think critically in their professional lives (e.g. pilots, doctors) acknowledge that, when they get sick, they don’t stop to think about whether they “believe” in a particular healer or not. As one friend succinctly put it, “I don’t believe in *lhawa-minung* except when I am sick”.

Furthermore, it is common for patients to accept that even the highest healers - in whom their trust is often virtually total - might not succeed in healing a patient immediately. This is not a function of belief, nor is belief threatened by such an outcome, rather, it is the inevitable result of practical circumstances (e.g. *metho*) over which the patient - and, sometimes, even the healer - has little control.

Because of all this, it is difficult to argue that a perception of charlatanism might be an influencing factor in choosing, (or responding to the therapy provided by) a healer. Similarly, it is difficult to argue that patients are healed because of their “belief” in healers, or as a result of the inducement by healers of a particular extraordinary state of mind or cathartic response. Indeed, as I have argued elsewhere in this thesis, such psychological interpretations of efficiency founder on the evidence that animals and children are treated (and believed to respond) in the same way as adults; that very little effort is consciously made by healers to create a particular mood or even be particularly dramatic in their performances; and that sometimes the patient is not even present at all. Sherpas take seriously the view that a healer is merely the vehicle for supernatural power.

In sum, while patients’ knowledge of sickness and healing varies considerably, according to such factors as occupation, status, wealth, age, sex, and so on, there is a clear division between the knowledge of patients and that of the healers. At the same time, few Sherpas regard this variation or division as either surprising or in any way significant - it is simply the product of differences between the high and the low. And there is little that can or needs to be done about it. As one friend explained:

“What matters is not what we think, or even what the *lhawa-minung* think, but what they do. And we don’t care what they do, as long as they make the gods happy. If they don’t, we are all in trouble ... Even if we don’t know how to do *zongzong* there would be no point
because we don’t have the girpa. It is the gods and the girpa who heal, not the methods.”

9.2 Becoming Sick.

“Any good doctor knows ... that the patient’s complaint is more extensive than his symptoms, and the state of sickness more comprehensive than localised pain or dysfunction.” - Erikson (1964:51)

Doctors at the hospital in Kunde have no exact allopathic equivalent for such common Sherpa conditions as pang, lachou, and kiparang. This is partly because the symptomology of these conditions does not correspond with any allopathic labels/categories. Does this mean most Sherpas experience sicknesses which no Westerner experiences? Or does it mean that Sherpas experience the same sicknesses but in different ways? And does it mean that all Sherpas experience these sicknesses the same way as each other? Or the same way in different episodes?

Parsons was one of the first to popularise the notion of ‘illness behaviours’ i.e. the existence of a variety of “culture-influenced pathways” to feeling sick, becoming defined/labelled as “sick”, experiencing pain, responding to the experience of being sick, others' responses to one's being sick, being cared for when sick, and so on. Since then there has been a growing awareness in the West of the role of the patient in his/her own sickness and healing, and of the role of healers in encouraging and mobilising this self-healing capacity, or to at least take this into account in their therapies.

According to Good (1980) for example, ‘illness' and healing is fundamentally a semantic issue. That is, at its heart, healing is a question of the management of meaning as much as physiological dysfunction, and thus studies of illness and healing must analyse the interpretive strategies used by both patients and healers. Indeed, for Good et al, healing is essentially a transaction of meaning.

The notion that sickness may not be objective after all has led to the now popular distinction between ‘disease’ (defined as biological dysfunction) and ‘illness’ (defined as the subjective interpretation of and response to that dysfunction). This analytical distinction has considerable merit. But it has four major problems. Firstly, it over-emphasises an individual patient's agency with regard to the construction of meanings concerning the illness experience and responses to it, and neglects the fundamental importance of relations of power which constrain such agency and shape meanings into culturally and socially acceptable forms.
Secondly, this distinction winds up reinforcing the legitimacy of the concept of objective biological dysfunction, as if biology and dysfunction (and indeed, objectivity) are in some way apprehensible, independent of the historical and culturally-imbued ideas and discourses which give them their form and meaning. The whole point is that they are not.

Thirdly, the distinction is often used as the basis for the claim that traditional healers - by definition - locate complaints and relate meanings surrounding them within multiple realities made accessible by the nature of traditional cultural and lifestyle, while allopathic healers - again by definition - locate them only in a given objective empirical reality. Good, for example, writes that “the cure of disease without a concomitant healing of illness - i.e. a transformation of a patient's sense of ill health as a basic reality - has been a major failure of contemporary allopathic medicine” (1980: 181). While this criticism is certainly valid and potentially productive of better, all-round healing, it is somewhat idealistic to exclude traditional healers from this criticism. Finally, the distinction is not one which many traditional cultures themselves, including the Sherpas, find familiar, or even relevant.

Nevertheless, as a result of such work, there has been increasing focus on agency: on the patient as actor (if not, in fact, self-healer) and thus on such things as choice behaviour patterns, compliance patterns etc. This perhaps represents an advance on regarding the patient as an object of medical science, or on being ignored altogether. But it has also led to the neglect of recognising the ‘patient’ as, at least partially, the product of structure; as the product of the complex historical, sociopolitical and economic forces which so significantly influence - if not determine - ‘illness behaviours’. Moreover, the level of interest in illness behaviour in the West has yet to be seen in studies of patients in Third and Fourth World communities. A study of Sherpa patients in fact provides much support for the view that they have little control over the experience of becoming sick, and that healers do little to encourage this control. Rather, becoming sick is an experience which is significantly influenced by relations of power (though not wholly reducible to them) which in turn are significantly influenced by the control of knowledge surrounding the experience and which in turn is significantly influenced by control of the texts, codes, mantras and other means of producing and distributing this knowledge. If the Sherpa patient is not just a physiologically dysfunctioning object, nor is she/he an empowered agent, freely choosing from amongst the various therapies available, one which maximises his/her self interest.
9.2.1 The Experience of Symptoms and Pain

This is not to say that all Sherpas experience symptoms and pain in the same way. For example, the Hospital claims that males are far more concerned about symptoms, and far less able to tolerate pain, than are women. Similarly, Hindu patients are far less able to tolerate pain than are Sherpa patients. While broken bones and wounds appear to cause little concern, swellings and stomach pain are a source of much anxiety. (Any pain in the kidneys or spleen is also seen to be a particular problem). Of 61 cases in which stomach pain was given as the major symptom (out of over 400 I studied), there were 10 different diagnoses, ranging from tuk to paken to "worms". Similarly, of 26 cases diagnosed as paken, there were nearly 20 different symptoms given, ranging from stomach pain to "T.B." to "cold feet". Indeed, I found it very difficult to match symptoms to labels of conditions.

In general, Sherpas do not like to show, or talk about pain (although, as one informant commented, "the health post is good because we can get help for pain quietly"). It would appear that one reason for the reticence to show or talk about pain is that addressing pain is not the focus of healing. Secondly, expressing pain is likely to attract the attention of the shrendi and thus complicate the condition further. Thirdly, healers, and the religious elite in particular, convey the sense that over-concern with such worldly matters as pain is likely to anger the gods and detract from one's religious duties, and thus prejudice one's chances of a favourable rebirth. That is, even the experiencing and expressing of pain is not something over which individuals should have much control.

9.2.2 Determinants of Seriousness

As a rule, seriousness is determined by the nature and implications of the cause of the condition rather than by its symptoms. In particular, the higher (or lower) the cause, the more serious its impact will be, even if this is expressed in future lives rather than in this life. Thus, while conditions caused by lu and pem have significant, this-worldly implications (and often cause much pain), they are less significant than conditions which are caused by the lha or, for example, sri. Conditions which have more material/natural causes are of less importance (and thus the treatment of symptoms is more acceptable). Conditions which affect the kidneys, stomach and spleen appear to be particularly significant, although I did not find out why.

Conditions which are caused by a combination of pem and nerpa are particularly dangerous, as are those caused by a combination of lu and sabtak. (Note how proximate to each other these causes are, and how this proximity is problematic). Divine conditions (i.e. those involving an imbalance of
humours) are considered by *amjis* to be particularly serious. Conditions which are caused by Tibetan or Hindu gods and supernaturals are, of course, also very problematic (although this does not necessarily translate into a critical symptomatology).

### 9.2.3 Therapy Management

An understanding of the structure and process of "therapy management" (i.e. who makes decisions, gives advice, and organises the care of and therapy for a patient; how and why) is fundamental to an understanding of the nature and consequences of the experience of becoming ‘sick’, being labelled as ‘sick’, and taking on the identity and role of someone who is ‘sick’. In his study of healing in Zaire, Janzen (1978) identifies the significant role played in therapy managements by kin-based groups. According to Janzen, such groups “exercise a brokerage function between the sufferer and the specialist” (1978:4). They monitor and evaluate the healers’ performances; constrain the authority of the healers; ensure that social causes of sickness are explored and dealt with; respond to possible social implications of sickness; catheter other social issues through the vehicle of sickness; generate social support for the patient’s condition; and mobilise all appropriate and available resources for healing. According to Janzen:

> "the legitimacy bestowed by a closely-knit social group upon a therapeutic course is just as strong as the patient’s individual belief in the rightness of the physician who treats him” (1978:226).

Involvement in therapy management is, of course, in the interests of the group as much as of the patient. Through such involvement, social relations and identities are cemented, and otherwise disparate systems of healing are integrated and given meaning and legitimacy. The “therapy management group” is thus, for Janzen, “a generic concept with probably universal representation in all societies” (1978:7)

In the Khumbu, however, both the nature and significance of therapy management appears to be very different. There is no evidence of an entire social group being seen as a patient; of individual cases of sickness being seen as a group concern; of individual cases giving rise to the formation of a therapy management group as such (kin-based or otherwise); or of what Janzen calls a separate category of ‘kinship therapy’. Relations between a patient and kin are often far from harmonious. While harmonious relations may be necessary for effective therapy management advice, assistance and care, they are not a sufficient condition. If any individual or institution serves as a broker, it is the healer, mediating between the patient and the supernatural realm. No individual or group has the authority to negotiate with a healer or to challenge his methods etc. The social causes and consequences of
sickness remain very much hidden within the supernatural causes and consequences.

If allopathic medicine, which explicitly and overly focusses on the individual, "leaves the social context of his illness in pathological chaos" (Jansen 1978:9), then so, too, does traditional Sherpa healing. In the Khumbu, the hierarchical structure of social relations, while maintaining overall unity, appears to keep people, at times of sickness, apart as much as together. This does not, of course, mean that therapy management is not significant in the Khumbu. On the contrary, its form reveals much about sickness and healing and how this penetrates and is penetrated by social relations and order more generally in Sherpa society.

Structured, group participation in therapy management is greater - both in degree and significance - where the following conditions are found: intralineage solidarity (and much significance placed on this solidarity); relatively egalitarian social relations (or at least stratification subject to internal mobility rather than a rigid, encompassing hierarchy); leadership based on achievement and distribution of resources rather than on ascription and accumulation of wealth per se; preferred cousin-marriage system; frequent accusations of sorcery and witchcraft; a strong and institutionalised perception of sickness as a social threat; acceptance of social factors as a cause of sickness; a rigid household division of labour; a preference for public, performance-oriented healing rituals; openly-expressed attitude of concern and sympathy for the patient; legitimacy of hypochondriasis; and legitimacy of sickness and possession among women as a means of expressing social grievances. On many of these criteria, Sherpa society ranks low (see Chapter 2) and it is thus hardly surprising that kin-based group therapy management is not highly visible.

When a person becomes sick in the Khumbu, responsibility for making decisions about therapy management generally rests with the senior female of the household, although in more critical situations (and/or where past decisions have proven inappropriate) her decision may be over-ridden by a male household head. If the senior male and female of the household are absent, responsibility will devolve on to close male kinsmen and affines, kinswomen, and then neighbours, friends, and other kin.

This hierarchy of responsibility, of course, also reflects aspects of social relations more generally, i.e. the central significance of the household as the primary corporate group, the importance of matrilateral kin, the relative insignificance of the clan or even the lineage, and the problematic nature of relations with neighbours and friends (and of women in particular - a common vehicle for pem). However,
this hierarchy is in no way rigid. In practice, a decision made by someone from a different household (even where that person is the parent) is rare, and this tendency increases, the more serious a case becomes. (There are, however, cases where advice is sought from a senior relative from a different village, because the patient's condition is particularly threatening, or chronic, or extraordinary. The social distance which a relative from a different village provides ensures that responsibility for inappropriate advice is reduced, and the impact of such advice is reduced).

In very few cases of lay sickness that I observed was an actual identifiable group formed to make therapy management decisions. (This compares somewhat with cases involving lamas and monks, where senior monks sometimes form a group to decide the most appropriate course of action). Certainly a lay therapy management group would have no structure or function beyond that of the immediate case at hand. The household head would always exercise the final choice and group members would accede to the choice.

When D.T., for example, an elderly and poor widow at the gonda became mentally disturbed, the monastic community was clearly disinterested in formally co-operating to decide what should be done. She was taken down to the village, but the villagers were also loath, as a group, to accept responsibility for her. After much discussion (between the men only) the local panchayat representative was instructed to make an appropriate decision.

Janzen also notes that a "kinsman’s abdication of his therapy management obligations is regarded as scandalous in Kongo thinking" (1978:131, but for the Sherpa there is not the same responsibility unless one is the recognised guardian of the patient. In fact such involvement tends to be, if anything, discouraged. One of the significant disincentives to involvement in therapy management is that one may well be blamed if one's advice is proved wrong. The case of P.T., the two year old daughter of a wealthy trader, demonstrates something of the difficulties associated with therapy management.

P.T.'s maternal grandfather had been killed on a climbing expedition on Mt. Cho Oyu several years earlier. One day P.T. began to run high temperatures and to breathe abnormally. A minung divined that nerpa, the spirit of P.T.'s grandfather, was expressing through the child the suffering of his death on the mountain, and what he perceived as his family's subsequent careless performance of his funeral rituals. Offerings were made and the nerpa was deemed to be appeased, but the fevers persisted, so a lhawa was called. During his trance, the lhawa was possessed by both the nerpa and a pem. The combination of these is considered very problematic, and a lama and monk were called to recite texts. During the recitations, the household discussed what further action should be taken. P.T.'s grandmother advised that another, more powerful lhawa should be called to establish that the nerpa really was appeased, but her mother argued that another minung should be called, to deal with the pem. P.T.'s father wanted to take her to the hospital, but recognised that at this stage of the illness this would be inappropriate (because the causes had not clearly been effectively dealt with. If anything, this would only make the nerpa and pem angrier, causing more trouble). Finally the minung was called back, and the pem was determined to be appeased. The lama also
performed a purification ritual in case any tip (pollution) was involved. P.T.’s father then took the child to the Hospital, where meningococcal meningitis was diagnosed, but P.T. died some hours later. The father accused the Hospital of killing the baby, and he, in turn was accused by his wife and other family members of being insensitive to the demands of the spirits.

In another similar case a one-year-old baby boy had had a persistent cough on and off since birth. When the baby developed a fever as well, its grandmother called a minung (the baby’s mother was still living with her parents because she and her husband had not completed the zendi marriage rite.) The next day the baby had not improved, so the minung was called again. Two days later when its condition had worsened, the baby’s grandfather decided to call a lama, who alerted the baby’s father (up to this point he had not known of his son’s condition). The father, who was young and well-educated was furious, wanting to take the baby immediately to the hospital. But he was overruled by the baby’s grandfather.

Note from these cases that the first choice of a healer is fairly unproblematic, but subsequent choices become increasingly the subject of discussion, where the patient’s condition has not improved. It should be noted also that matrilateral kin often have a more important role in decision-making about therapy management than occurs in other areas of decision-making. Note also that, in many cases, educated and relatively independent young people, who would normally make their own decisions about economic and other matters, readily acquiesce to the choice of healers and the type of care offered by their senior household members or those responsible for their children. One reason for this is that involvement by non-household members in the therapy management can attract the shrendi.

This is another important disincentive to formalised group-based therapy management.

L.S. is an elderly hotelkeeper who suffered regular bouts of chokpa shurup as a result of tip contracted from entertaining and sharing utensils with her customers. Her daughter cared for her, and her live-in brother-in-law took responsibility for therapy management. In the course of one bout, he called two lama, a minung, and the doctors, but without success. Finally, her sister (who lives in Namche) was asked for advice. She recommended a local monk, who performed a successful kurim. During her bouts, the hotel was closed - both doors and windows remained tightly shut, and a line was scratched on to the path leading to the hotel to keep customers away and discourage shrendi. L.S. herself commented: “it is good to be sick because it is very quiet and you can be alone. If the hotel guests were here they would tell others about my sickness and there would be no rest. All the gossipers would come to give advice and would bring the shrendi and the pem”.

There is no clear, predetermined pattern for therapy management in Khumbu. The response varies considerably from case to case and from context to context. One slight tendency worth noting however, is that group participation is likely to be greater where the patient has high social status, is wealthy and is male.

Therapy management in the Khumbu is not particularly time-consuming or demanding of one’s energies. In fact the longest such discussion I witnessed lasted for no more than 5 minutes. It does not involve the expression, analysis or jural resolution of other sociopolitical or economic issues (as
occurs in communities where group participation is high). For this reason any structural causes of sickness are less likely to be identified or dealt with, (and thus are more likely to persist). Sickness and healing is individualised; control remains concentrated in the hands of the healers, and patients are unable to exercise any significant degree of agency with regard to the mobilisation and reorganisation of social networks at times of sickness. Thus the relative lack of group therapy management in the Khumbu both reflects and reinforces the existing social order and the hierarchical relations of power on which it is based.

Calling a healer involves sending a household member to the healer’s house to request his or her assistance. If the healer is a high lama or monk the household head or senior male will go, often taking with him a flask of tea, a katha (offertory scarf) and a gift of salt or similar. He will engage in polite conversation and the offer and acceptance of ritual hospitality, before the request is finally made. This may take considerable time (even where the patient’s condition is serious), but is necessary for ensuring that the hierarchy of relations is respected and thus that healer-patient relations will be tethup i.e conductive to healing. If, on the other hand, a low healer is called, any house-hold member will be sent, and no gift or katha is required. (Note that payment of a low healer’s fee, done immediately after the ritual is performed, is also much more overt and less ritualised). Sometimes even just a message sent with a passerby will suffice. However, if the healer is required to come to the patient’s house at night (as is common), it is important that a household member accompanies the healer, to help prevent shrendi becoming attracted and attaching themselves to the healer.

9.2.4 Care of the patient
As a rule, patients who are suffering sufficient pain and discomfort for this to be noticeable to others (note that patients are reticent about formally expressing such pain for fear of attracting shrendi) are cared for by being made comfortable, given good/strong/high foods (e.g. eggs, meat, white rice) and drink, and kept quiet and in a dark corner of the house, so as not to attract shrendi. Washing of the patient’s body is rarely done, again for fear that this may attract shrendi. This general strategy for care is particularly important for such conditions as pang, and those suspected to be caused by pem, but applies to the great majority of different kinds of sickness. (There are, however, some interesting exceptions, such as mental illness. One informant explained that some cases of mental illness required the carer to “beat the sickness out of the patient”. Such cases, however, are rare).

Care is usually the responsibility of the most senior female in the household, although men may participate in care. (There is, however, a reticence among fathers to care for their daughters. In fact
there does not seem to be a problem with care from a woman at any time, even when she is menstruating or pregnant. In a number of households single men have a live-in female to care for them, and this does not appear to present any problem either. One of the reasons why the youngest son is encouraged to stay at home (and inherit the family house) is to ensure that parents have some source of care in their old age. If a couple has no sons, they may invite the daughter’s husband to live in the house (maksu) for the same reason. (Note, however, that the preference for neo-local nuclear family residential arrangements remains).

The participation of non-household members in care of the patient is rare, and even discouraged, especially where the condition is more serious and extraordinary. Again this is explained as necessary for discouraging shrendi. There is also the view that isolation will prevent the condition from passing to the carer and thus to the others. Care from low outsiders is considered particularly problematic, because they are more susceptible to shrendi.

In theory, care by a member of the religious elite would be less problematic (because relations with the religious elite are less susceptible to attacks from shrendi) but in practice, such care is virtually never provided, as it is considered an essentially low activity. Because relations between equals are more problematic than relations between the high and the low, the involvement of friends and neighbours of the same age and status, etc. is particularly problematic. Thus, if friends or neighbours are involved at all, they end to be either much older or much younger. (The same applies even within the household).

Thus, one of the impacts of the overall problematic nature of lay social relations which we observed in Chapter 3 is that a patient is virtually totally dependent on the immediate household family members for care at times of sickness. There are no professional caring roles (and no traditional birth attendants), and the systems of reciprocal labour (e.g. laman, larke) do not apply in such situations. (This is because reciprocal labour systems are directed to technical, worldly activity not directly involving the supernatural world). There are no material benefits accruing from providing care, and it is regarded as more of a burden than a privilege. Healers themselves are very rarely involved in providing patient care. Even parents, siblings and children who reside elsewhere often play no role in care.

It is important to note that another reason given by Sherpas for this concentration of care rules within the immediate household is that the causes of sickness often derive from the actions of another family
member, and are transferred onto the victim. Also, the impacts of sickness are more likely to flow on to other family members. (Note, however, that this concentration of care within the household hinders the expression and management of the wider sociopolitical origins and consequences of the sickness, and leaves the victim responsible for the cause (though not the cure). Note also how all this concentration within the household made my field work quite difficult! In a number of instances I heard of neighbours' sicknesses only after they had become well, even though they were my good friends).

There are significant limits on the nature of the carer's role. There is little sense, for example, that a carer might apply home remedies. As one informant commented: "when my son is sick, there is not much that I can do. If there was, we wouldn't need healers. The gods would be angry with me if I tried to interfere too much." The delicacy of the caring role is demonstrated also in a number of cases where a patient was said to have been given too much good food etc. Achieving the right balance of care and dependence on healers and the gods is very important. Furthermore, there is always the risk taken by the carer, both in terms of contracting the sickness itself or of becoming more susceptible to doing "foolish things, because of the effect of the shrendi at such times". For this reason, the common response to sickness within the household is hesitancy - if not fear - rather than pity or even compassion.

In one case, a 17 year old nun had contracted poken while at a gonda in Solu. The amji at Jialsa had given her medicines and her condition had improved, so she returned home to Thame. At the time, however, her mother (who was also a nun), became involved in a conflict with the monks at the gonda. As a result she was unable to call any healers and could not provide adequate care for her daughter. As the conflict worsened, her daughter was left more and more on her own and her condition deteriorated rapidly. A lama offered to help, divining thok (a form of bad luck) and prescribing a done (a form of kurim) but this was not carried out because of the conflict between them/her and the monks. When the young nun eventually died, her mother was given little assistance with the funeral.

In at least 8 cases on which I collected information, those responsible for care of the patient commented to me how little they were actually able to do. And in at least 6 other cases it is clear that the sickness (and, in some cases, death) was aggravated by the lack of care arising from living alone. Even the younger and more educated Sherpas, who tend to place greater emphasis on care of the sick, expressed resignation that there was little that they could do. Sickness in the Khumbu can be a lonely and alienating experience.

This appears to be particularly the case for the elderly. In one instance, the very old lhawa G.P., who had been a famous lhawa in his youth, had fallen and injured his head. Because he was blind and unable to move, he was completely dependent on his cretin wife and son for
therapy management, assistance and care. However, he had received no treatment for his wound and, apparently because of the family’s poverty, no lhawa-minung were called. His son refused to have G.P. treated at the health post and called me instead. When I attempted to clean the wound, however, his son refused demanding that I “just give the medicines”. Several days later the son informed me that G.P.’s condition had deteriorated because “his time is finished” and thus he no longer required my assistance. The next day he died.

In another case, A.K., an elderly yak herder who shared his wife with his younger brother, fell sick with tengshi (a form of exposure) and developed chugvou (literally ‘water in the body’), and wouldn’t eat. His brother and his wife refused to assist and attempted to dissuade his daughter, too, from doing so, saying that A.K.’s time was finished and it was better not to interfere. Nevertheless, she sought the advice of the fortune-teller K.M., who divined that a kyekur which would prolong his life temporarily, could and should be done. Without the assistance of his brother, however, this was not done. Finally a minung was called, but, finding the patient near death, he gave him some chilap, and he died within minutes.

Some possible explanations for such cases of neglect in the care of the elderly might be that the elderly are more concerned with their next life than with this one (and thus do not expect care); that the elderly have less opportunity to mobilise assistance because of their withdrawal from social networks and worldly relations; and that their “time is up” anyway. This apparently callous attitude to the elderly has led to the suggestion that aging is particularly problematic for the Sherpas (Goldstein 1980). However, it should be noted that elderly Sherpas themselves do not claim to feel this. One old friend commented to me: “Old is old. There is no point in doing things as if we were young or we would just make more problems. When you are old you can drink chang and think about your next life”.

Once a cure appears to have been effected, friends and relatives may again visit the patient, but even then their contact and involvement is somewhat controlled.

In one case M.N., who, it was assumed, was cured, was given a party by his parents to celebrate and reinforce his recovery. A number of relatives and neighbours who had not visited him while he was sick, were invited. They were however, required to accept even more than the usual degree of hospitality, to reinforce the fact of the cure; to thank the gods for the cure; to demonstrate the hospitality of M.N.’s parents and how this generosity must have contributed to the cure; and to earn M.N. and his parents greater merit as a means of enhancing the cure. During the party, however, all the guests were isolated from M.N. Indeed M.N. himself was virtually ignored, which was just as well, as he was still feeling sick! And it was several more days before he met with his newly-betrothed wife (with whom he was not yet living).

It is interesting to note that Sherpas both offer and receive more assistance with their therapy management and care when they are outside of the Khumbu. Sherpas in Kathmandu banded together to form a “Seva Kendra” or community organisation, one of the functions of which was to ensure that
Sherpas who were sick received adequate care and support from the community, and had access to appropriate healers. A proposal to establish a similar organisation to provide support for the poor in Khumbu, however, failed to gather support. This was explained as being due to the fact that, in their home environment, therapy management and care must remain the responsibility of the immediate household.

9.3 Choice Behaviour

A vast variety of factors are involved in Sherpas' “choices” of healers, in different ways, at different times, for different reasons. These factors range from relations between healers and patients, and relations between the patient and the community as a whole, to relations between healers themselves; from relations between healers and causes of sickness, to relations between patients and the causes of their sicknesses; from geographic to historical factors; from patients' knowledge, attitudes and expectations of healers, to healers' knowledge, power and skills; from economic factors to demographic factors, and so on (see below). No single factor can be disaggregated from the others without providing a misleading picture of the complexity of health-seeking behaviour and the changing sociocultural, political and economic context in which it is embedded.

Table 1 below shows that in 92% of the 400 episodes of sickness on which I collected data in Thame valley between February 1986 and April 1987, at least one traditional Sherpa healer was called (note that this data contrasts significantly with that of a later survey - see below). In only 8% of cases was no traditional healer called (although I do not doubt that there may well have been many other unreported cases where no healer was called. It is interesting to note how often the frequency of no choice of healer is omitted in the literature on choice behaviour. The possible reasons for not calling a healer - such as ineffective healer-patient relations, a lack of money, a sense of powerlessness, and so on - are just as illuminative as reasons for choice). In 46% of cases one traditional healer only was called; in 43% of cases between 2-4 healers were called, and in 3% of cases 5 or more healers were called. 76% of conditions which led to a primary diagnosis of a supernatural cause (i.e. pem, nerpa, lu, etc.) resulted in multiple healer consultation. In only 5% of cases was only allopathic medicine used. (It should be noted that this percentage is unrealistically low because villagers tended not to report conditions leading solely to allopathic treatment, either because of embarrassment, or because such conditions are classified differently).
Table 1: Number of traditional healers called.

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>1</td>
<td>46</td>
</tr>
<tr>
<td>2</td>
<td>31</td>
</tr>
<tr>
<td>3</td>
<td>9</td>
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<tr>
<td>4</td>
<td>3</td>
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<tr>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>7+</td>
<td>1</td>
</tr>
<tr>
<td>------</td>
<td>100</td>
</tr>
</tbody>
</table>

There were, however, significant local variations which these overall figures do not indicate. For example, villagers from the main villages of Thame, Thamo, and so on were more likely to consult a multiplicity of healers (partly, perhaps, because they are more accessible). The further away from the Hospital the patient was, the more likely a multiplicity of traditional healers would be chosen. Also, the younger and more educated Sherpas, those involved in more entrepreneurial activities such as trading and shopkeeping and, in particular, those with more contact with tourists, had a greater tendency to choose a multiplicity of healers than did other Sherpas. Lay patients are more likely to choose a multiplicity of healers than members of the religious elite, but male patients are more likely to choose a multiplicity of healers than are female patients. Clearly, data on number of healers called alone does not tell us very much.

More illuminative is the data on the type of healers chosen, and the order in which they were chosen. In Table 2 we can see that in 42% of cases where a healer was called at all, a minung was called first. In 9% of cases a lhawa was called first, in 24% a high lama or monk, 11% a banzin lama, 6% an anji, and 7% an allopathic healer. (In 7 cases a Hindu dhami was called at some stage of the sickness, generally as a last resort, but Sherpas tend not to acknowledge such choices). Also listed in Table 2 are the percentages of cases in which a particular type of healer was chosen second and third.
Table 2: Order in which healers are chosen.

<table>
<thead>
<tr>
<th>Healer</th>
<th>% of cases chosen</th>
<th>first</th>
<th>second</th>
<th>third</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minung</td>
<td>42</td>
<td>30</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Lhawa</td>
<td>9</td>
<td>12</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Celibate lama/monk</td>
<td>24</td>
<td>32</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Banzin lama</td>
<td>11</td>
<td>7</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Amji</td>
<td>6</td>
<td>8</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Allopathic</td>
<td>7</td>
<td>10</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
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</tbody>
</table>

Note that the figures of 12% of second choices for lhawa and 32% for high lamas/monks are higher than their respective percentages of first choice, confirming the role of minung as a first line referral agent. (This is perhaps partly because they are relatively accessible, inexpensive, and with methods which are simple and quick). Note also the increasing tendency to choose high lamas and monks in subsequent choices, rather than banzin lamas (suggesting that banzin lamas are less popular as conditions prove to be more complex and intractable).

Again, however, this data masks significant variations in the type of healer chosen as first or subsequent choices. For example, allopathic medicine was far more likely to be the first choice of patients living near either the health post or the Hospital, and of younger and more educated Sherpas (see below). Those who lived close to lhawas, particularly L.P., were more likely to choose a lhawa first. Similarly, those who lived near the gonda, the elderly, and those who had family members in the gonda were more likely to consult high lamas and monks first. Furthermore, those who did
consult high lamas and monks first were less likely to choose lhawa-minung in any subsequent choices (and the number of these subsequent choices was less). In fact, it soon became clear that variations to the overall pattern of Sherpa health-seeking behaviour were of more importance, and interest, than the overall pattern itself. The actual factors giving rise to these variations were obviously fundamental to an understanding of health-seeking and its sociopolitical context.

It is important to note here, also, that the figures provided above do not indicate the nature, degree or impact of choices of different individual healers within a particular category of healer. Unfortunately, I did not collect statistical data on this, but a review of what data I have suggests that Sherpas are hesitant to choose a different healer from the same category as their second or subsequent choice. Where this does occur, Sherpas are more likely to choose an alternative minung, or an alternative lhawa, rather than an alternative lama or amji. Again, this suggests that the higher the healer, the more dependent a patient will be on his/her services, and the less opportunity they will have for agency.

It is important to recognise that actual choice of healer does not necessarily correspond with the patient's stated "respect" for the healer relative to other healers, nor even with the patient's stated intentions or motivations to comply with the healer's prescriptions. Note also that there was a significant divergence between stated intention to comply and actual patterns of compliance - see below. In Table 3 we can see how these phenomena compare.

PTO
Table 3: Use of, respect shown to, and stated compliance with healer's prescriptions (ranked).

<table>
<thead>
<tr>
<th>Healer</th>
<th>Use (based on 1st choice)</th>
<th>Degree of respect</th>
<th>Degree of compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minung</td>
<td>1</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Lhawa</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Celibate lama/mönk</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Banzin lama</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Amji</td>
<td>6</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Allopathic</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>7</td>
<td>6</td>
</tr>
</tbody>
</table>

Again, we see the somewhat ambivalent position in which minung find themselves, despite being the most common first choice. Note the clear superiority of the high lamas and monks in terms of both respect and intention to comply, and the clear inferiority of allopathic and other non-Sherpa healers in terms of these criteria. Note, also, the difference in respect and compliance intention shown to the lhawa versus the minung. However, the variation in response here was considerable, as well. A surprisingly large number of younger and more educated patients claimed low respect and compliance intention with regard to lhawas, even though actual use was fairly consistent with other sections of the community. On the other hand, this group also professed greater respect for allopathic medicine, even though intention to comply was still relatively low.

Respect for amjis was, not surprisingly, highest among those of Tibetan origin. Residential proximity to a particular healer also influenced the degree of professed respect and compliance intention. The
area of most uniformity, however, was in regard to the respect (and compliance intention) shown to the religious elite. Not one single patient professed to respect any type of healer more than the high lamas and monks, and only 3 patients (all elderly) stated that their intention to comply with the lhawa's prescriptions was greater than that for the lamas and monks. (This may, in fact, have been due to a lack of understanding of my question, rather than a true indication of intention to comply).

The actual point at which any healer is first called is dependent on a patient defining him/her self, or being defined by others, as 'sick'. Pain, incapacity, degree of contagion, and fear of the long term effects of the sickness are, of course, important here. However, so is the sense that relations within a patient's social networks (and, more importantly, between the patient and the spiritual realm) have been disturbed. Once a definition has been made, a healer may or may not be called immediately, depending on the current status of the patient's relations with the healers and others in the community, the availability of healers, the suspected cause and the seriousness of the symptoms, the nature and quality of therapy management and care available, the patient's age, sex, education, and socioeconomic status. It is very difficult to predict from the data as to how these factors will influence individual cases.

The degree of certainty expressed by the patient (or those responsible for the patient) regarding the most appropriate and effective health-seeking strategy also varied considerably. The most obvious tendency was that a lama or monk would be chosen where the condition was felt to be life-threatening, or where a more general preventive, life-empowering ritual was desired. That is, more certainty was expressed with regard to the appropriateness of choice of high healers than low healers. However, lune conditions and duine conditions provoked considerable uncertainty (because of uncertainty regarding the nature and degree of involvement of supernaturals). On the other hand, mental illness invariably led to the choice of allopathic medicine, and tuk led to the choice of amjis (either as first choice, or subsequent to the exorcism of the gyaptak by a lhawa-minung). Note also that certainty regarding the appropriateness of a particular choice did not necessarily lead to that choice being put into effect if, for example, relations with the healer were considered problematic, or the healer was not available, or the patient did not have the necessary resources to pay the healer. Finally, a healer who is considered with certainty to be the right choice on one occasion may well be the 'wrong' choice on the next. The only way to know this, is by the outcome.

At this point, then, let us examine some of the factors influencing choice behaviour. The most fundamental rule is, as we have seen, to choose a healer who will divine the nature and identity of
the cause(s) of a particular case of sickness. Subsequent choices may then be made according to whether dialogue is required with these causes, what ritual response is required, whether symptoms require treatment, and whether a more general preventive, life-empowerment response is required.

The other major, underlying tendency in choice behaviour is that a high healer will be chosen wherever possible (given financial accessibility and other constraints) and wherever appropriate (given the nature of the condition and its suspected cause, the relations between patient and healer, and so on). Certainly the highest healer within a particular category of healer will be chosen wherever possible and appropriate. As I have already indicated, however, there are a great variety of other factors involved and - just as significant - considerable variation in the perceived significance of these factors by patients themselves.

In order of overall frequency, the other factors mentioned by patients for a first choice of one healer rather than another were:

1) the proximity to and accessibility of the healer. There is a clear and obviously pragmatic pattern of choosing first those healers that live close by.

2) whether or not the last consultation with a particular healer was considered successful or not. The hope is that if the relations last time were conducive to healing, they will be again. Often the assessment of efficacy on the last occasion is fairly limited, however. A frequent explanation of choice was simply that “this is usual”. Innovativeness does not appear to be a particularly pervasive characteristic of choice behaviour, at least with regard to a first choice of healer.

3) the nature and strength of relations between healer and patient obtaining at the particular time when the healer's services are required. This is expressed in terms of tethup (where the relationship is conducive to healing) and metha (where it is not). Where the relationship is metha there is no point in proceeding.

4) family tradition. While there is no rule that one must choose a healer in line with the choices of other family members, there is a degree to which such choice makes things easier all round.

5) the nature and seriousness of the condition. There is a greater likelihood, for example, of employing the services of a lhawa if the condition is caused by particularly capricious supernaturals,
and a lama or monk(s) if it is considered to be life-threatening.

6) the specific identity of the suspected cause. If, for example, a specific lu is suspected, then one (or two) minung in particular—who have a reputation for the successful propitiation of that lu—are more likely to be consulted first than a minung who does not. Similarly, a number of lamas are reputed to have particular skills in dealing with certain forms of bad luck, such as kyek and thok.

7) the cost. This was acknowledged by some to have a bearing on choice, but its particular significance for most patients is that the greater the outlay involved, the greater the expectation that healing will be successful. This is because a greater investment will establish a greater reciprocal obligation, and thus lead to a greater return. Some rituals are exorbitantly expensive, by the time hospitality etc. costs are included. (A figure of Rs.500 was not uncommon). However, this was not seen as a cause for particular concern.

At least two informants commented that lhawa-minung are often chosen first because of the fact that they are the "oldest Sherpas healers, and Sherpas like old" (versus allopathic medicine which is the youngest tradition). This was not a widely expressed factor, however. A number of informants commented that the elderly, and those who suspected that their tse (life-force) was nearly finished, would choose high lamas and monks. Another factor which was mentioned was the power of the girpa (rather than of the healer as such).

Such factors as gender, socioeconomic status, and clan membership were—contrary to my expectations (and subsequent understandings)—not acknowledged by patients as factors in choice. Nor was a sense of objective knowledge concerning either the sickness itself or the healer's treatment methods. Other factors which have at least some influence, but which were not explicitly mentioned by informants, include exposure to other ethnic groups' healing systems; the number of persons in a household and their age/sex make-up; whether the patient had had the same sickness on a previous occasion; the delay between the onset of symptoms and a decision to call a healer; the perceived degree of contagiousness—physical and spiritual—of the condition; and so on. The point is that it would be impossible adequately to identify and account for all these factors, their various and changing interrelationships with each other, in different situations, regions, and over time. Any study of choice behaviour which claims to do this must be regarded as problematic at best, and potentially highly misleading (see Chapter 11). The complexity and variation in choice behaviour simply does not allow one to predict the rules by which choices will be made, let alone the choices
Indeed, the results of a separate choice behaviour survey in Thame towards the end of my fieldwork (including some 600 episodes) yielded significantly different results from my own first survey. In 31% of cases, 3 or more healers were called (versus 15% for the previous survey) and in only 4% of cases were allopathic healers called first (versus 7% for the previous survey). Some 18% of patients called a lhawa first (versus 9%) and only 2% called an amji first (versus 6%). More respondents cited proximity as being the key factor, and more respondents acknowledged that the seriousness of the condition and the socioeconomic status of the patient were significant factors. While methodological limitations may account for some of these differences, many informants acknowledged that both their choices and the determinants of their choices vary significantly over time. A single ‘snapshot’ view is thus very limited in its applicability to other situations and other times.

Sherpas who have migrated to, or are temporarily resident in Kathmandu display very different health-seeking behaviour, with a far greater preference for making allopathic doctors and even Hindu dhami-jankhri and other ethnic group shamans their first choice. This, despite the fact that Sherpa minung, lamas and monks, and Tibetan amji are available.

M.N. is a young, well-educated and successful trekking guide. After arriving in Kathmandu to begin a trek, he developed severe headaches, fevers, and joint pains. He went to a Nepali doctor who could not diagnose the condition, but nevertheless “flu”. Next he went to a Newari jarphuke who divined that the cause was from Solu-Khumbu, and advised M.N. to return home and do offerings to the gods there. A Tibetan lama was then called. He confirmed this course of action, advising M.N. to stop taking the medicines because it was only making the gods angry. (M.N. explained that he had previously avoided going to the lama for fear that the lama would divine his recent wrong-doings). M.N. sent a message to his parents in the Khumbu, and they commissioned a Sherpa lama to recite texts. Soon he was well enough to fly home and his condition slowly improved. M.N. commented that “when I am in Kathmandu I do crazy things, but now I know that if I am sick, I must rely on our lamas”.

Tibetan immigrants in the Khumbu also display somewhat different choice behaviour. On the whole, their stated preference is to consult a lama first, to do a kurim, and then to consult an amji for medicines (although some will also consult one of the lhawa or minung originally from Tibet). Some Tibetans say that Sherpa lhawa-minung cannot help them because their gods are different. (Tibetans also claim that there is more group participation in therapy management and care of the patient in Tibet, and indeed appear to be more involved with fellow Tibetans who are sick than are the Sherpas).
Health-seeking patterns among the religious elite are also very different from those of the laity. Because of their spiritual knowledge and pursuits, the different social networks in which they participate, and their actual physical separation from the lay community, monks are believed to be less susceptible to the shrendi which plague the people down in the villages. They thus do not need to rely on lhawa-minung. When they get sick they will receive chilap (spiritual medicines) from fellow monks, as well as pictures of high lamas, pieces of deceased high lamas' clothing, and the blessings of the Rimpoche and other high lamas. Because (as they say) their attitude is "purer", the efficacy of chilap is considered to be greater for monks than for the laity.

In addition to offering chilap, fellow monks will offer therapy management advice, or simply assist with cooking and other domestic chores. In one case a monk who fell sick in Kathmandu was sent money by fellow monks to fly home, and was carried by 3 monks back to the gonda. There is less problem of visitation of the sick in the gonda because there are believed to be fewer shrendi in the gonda. The care of fellow monks is seen as one way of showing compassion, and thus earning merit (although this applies less to the care by monks of the laity because of the separation of religious and lay worlds). With all of this support within the gonda, and with such ready access to the highest forms of healing available (and less chance of methe with such healers) it is little wonder that health-seeking is not regarded as particularly problematic for the religious elite. However, occasionally monks (and even the Rimpoche) will seek the help of villagers or other healers in the village.

L.Z. is the 38 year old married son of one of the highest (though married) lamas in the Thame valley. As well as being a lama himself, he is one of the major painters of thangkas in the Khumbu. After contracting a severe case of champa (flu), he requested chilap from the fortune-teller K.M. (because of K.M.'s success in treating family members in the past). His wife, however, also demanded that he seek medicines from the health post (because she had previously been successfully treated there for a case of champa). He finally agreed, but unwillingly, because he felt that he had a responsibility as a lama to serve as a model for other lamas and monks and thus rely only on chilap. His wife also gave him gyemzil. In addition, his father gave him some chilap. A number of monk friends also gave him chilap - the same as that given him by K.M. - but he considered this to be less effective than that given him by K.M. because "K.M. is higher". Because of his high status, L.Z. did not recompense his monk friends, or the health post, but did offer a kata and gift of salt to K.M. because "K.M. is higher". When he eventually became well, L.Z. attributed this to the chilap provided by K.M. It is interesting to note also that L.Z. was not isolated from the rest of the community while he was sick (even though he acknowledged that champa was contagious) because the cause was not considered to be supernatural. Also, as a lama, such isolation was less relevant because, as a lama, he was considered to be less susceptible to attacks from shrendi, and less likely to project pem and other forms of negativity on to others.

In another case, a monk had a severely swollen knee, which a fellow monk divined to be caused both by the anger of the gods over a recent argument between the monks in the
gonda, and by a nerpa. The monk received chillap from the Rimpoche, and the swelling went down. Only then did he consult a minung to determine whether the nerpa was still angry. Because he had taken high chillap, the nerpa was divined to be appeased and no further action was required.

Not all members of the monastic establishment conform to this pattern of choice behaviour. In Thamo there is a small Gelugpa gonda, the home of a number of nuns (ani) either from Tibet or with close links with Tibet. The head ani explained to me that "our lama [deceased] is our main healer, but we also go to the hospital for trouble with bones, to minung for trouble with the head, and to amji for trouble with the stomach. We never go to the lhawa because his gods are different and cannot help us".

Monks have particular problems if they become sick while away from the gonda. (This occurs fairly frequently because, although they are not able to give each other pem or nerpa or tuk etc. - because of their vows - their lack of "protection by the lama" when away from the gonda leaves them more susceptible to pem etc. from the laity than when they are resident in the gonda). When down in the village for any extended period of time, responsibility for therapy management and care devolves on their family, but this is problematic because, as monks, they have formally separated from their families.

N.M. is a 30 year old monk who had completed 6 years of education at the local school prior to becoming a monk. After contracting dizziness and feeling progressively weaker over a number of months, he left the gonda and lived by himself in a small house in the village in relative poverty. He believes that his condition is sarthi dumanakpu - i.e. a severe form of "low altitude sickness" - contracted while on a pilgrimage to Solu. It is also partly derived, he says, "from thinking too much as a monk". First he consulted an amji who was visiting from Solu, but without success. Then he went to the Hospital, where the doctors "divined T.B. and gave me vitamins", which he claims to have taken faithfully ("just in case") but without any improvement in his condition. As a result, and because of his weak state, he did not return to the Hospital for follow-up. (He says that the doctors told him to eat well and to exercise, but adds "how can I do this when I am sick? We must rest and stay quietly at home when we are sick. That's what sickness is; it's not exercise"). Because he still considers himself a monk, he has not called any lhawa-minung (and, he adds, could not have done so, anyway, because he does not have any money. Also, his own past experiences of lhawa-minung were not good: his father died because a minung failed to identify correctly the nerpa that was causing his sickness. N.M. commented that "lhawa-minung are like a mirror. One side is good and shows things clearly, but the other side is black and shows nothing. Only farmers use lhawa-minung because they spend their time in the dirt, but those of us who read books don't have to stay in the dirt, so we don't have to use lhawa-minung"). Because N.M. lives by himself, (his only living relative is a sister who ran away to Darjeeling years before), he has no one to care for him, other than a neighbour who occasionally brings him firewood and a flask of tea. So he has to do all his own cooking, but is "usually too sick to cook". He says that he probably should have done dulchi dambup (i.e. "closed the door") but could not, because then no one at all could have helped him. When I asked if he received any assistance
from other monks, he explained that they could not help him now because he had left the gonda. He had not told the monks about the seriousness of his condition "because talking too much about it would just make gossip and the sickness would become heavy. We stay apart from others when we are sick and this makes the sickness 'light'." (Note that this is also why people refrain from talking about past sicknesses, and about the deceased, why emotion and overt political action is frowned on, and why understatement is the norm in social relations). Of all those whom I asked for ideas on how to improve the health status of the Sherpas, N.M.'s responses were among the most innovative and practical. They included "meetings where people can tell each other what they know about different sicknesses and what to do"; the establishment of a village cleaning committee; the establishment of a community centre "where adults can learn to read the Tibetan and English books about health"; and the promotion of co-operation between the doctors and traditional healers. Yet N.M. is considered by Sherpas to be a little nyumbu (mentally ill), and his ideas are consequently ignored, along with his condition.

It would appear, then, that while patterns of health-seeking are more uniform among the religious elite than among the laity, variation is still present, and significant. Certainly, patterns of health-seeking found among the Sherpa laity cannot be extrapolated on to the religious elite, or vice versa.

Let us return briefly to some of the factors influencing choice behaviour among the laity. The significance of proximity indicates a pragmatic basis to choice behaviour, and implies a degree of agency. On further investigation, however, I found that patients often felt bound to choose such healers, both because of the inaccessibility of others, and because of the possible negative social repercussions if they did not. As one patient explained, "I see K.L. (a minung) when I collect water and at parties, and when I am planting potatoes. If I am sick, she will know it. If I don't call her it might cause bad relations. Then, if I need her, I have a problem".

For the villagers of Thame, one of the most frequently utilised healers is the minung A.T., the only healer who actually lives in the village. This man, despite the fact that he is Tibetan, is regarded with some suspicion as a sorcerer, and is still not completely fluent in Sherpa. Note also that if a healer who lives far away is called, there is an expectation that s/he must be paid more. A number of healers in the Thame valley, both high and low, refuse to treat patients outside their immediate area, explaining that they have less control over the shrendi in far away places and, in particular, that they might be attacked by the shrendi encountered on the way to such places. A number of Thame Sherpas commented that the real value of the health-post in Thame (as opposed to the Hospital in Kunde) was its proximity.
Healers have individual reputations, as successful or "powerful" and so on, but reputations alone do not appear to determine choice. This is because reputations do not necessarily guarantee efficacy. And not even the highest healer is considered to be successful all the time. Sherpas often say that they choose an individual rather than a type of healer (although this applies less in the case of high lamas and monks), but the importance of the individual derives from his accessibility and relationship with the patient rather than from his general reputation. The only healers with reputations that extend beyond their immediate area are the highest lamas and one or two of the most powerful lhawa. However, even those lhawas are rarely actually called outside their area.

The personal relationship between healer and patient seems to be a more critical factor in choice behaviour, especially where the healer is a lhawa or minung. If, in the course of normal social exchanges, a healer and patient have bad relations, it is highly unlikely that the exchange involved in healing will be successful (and highly unlikely, therefore, that it will be tested). It is therefore very important that good social relations be maintained with healers. This is particularly so, given the fact that healers are often required to leave their houses at night (and be susceptible to shrendi attacks) to perform rituals in their patients' houses. If relations with the patient are not good, a healer may simply refuse to put himself at risk in this way.

In one case I witnessed, a minung, S.L., agreed to perform a healing ritual for my neighbour, D., even though at the time he was building a house and had a strong obligation to provide hospitality for fellow work-co-operative group members. The same minung, however, often refuses to perform rituals for other clients, even when he is not busy. (As D. explained to me, "S.L. is like my thouwu (fictive kin). How can he refuse?")

The significance of social relations as a factor influencing choice behaviour is demonstrated in the village of Phortse, where the niece of the female lhawa P.D. was in the process of breaking off her engagement with L.D., the son of a wealthy and influential village leader. As a result of the conflict surrounding the separation, neither L.D. nor his relatives or friends felt able to consult P.D. in cases of sickness, even though she was the only lhawa available to them. Instead, they were forced to consult the only other resident healer, the previously not particularly popular minung A.K. As L.D. explained, "even if we want to call P.D. and she wants to come, there is no point, because of methe".

Although patients claim that clan membership is not a factor in choice, an examination of the data reveals that some (though not all) healers do tend to treat more fellow clan members than others. For example, 8 out of 22 of the lama L.O.'s patients were from his clan (Chusherwa), and one minung even claimed that he was able to treat only fellow Shenggu clan members. The reason for this is not clear, but obviously kinship ties and the reciprocal relations they encourage have at least some influence. Note also that Tibetans are much more inclined to choose Tibetan healers.
Remember, though, that healer-patient relationships, particularly those involving lhawa-minung, are subject to temporary and often unpredictable fluctuations deriving as much from supernatural factors (over which the patient has little control) as from social ties and events. For this reason, a family tradition of choosing a particular healer, or indeed any other factor in choice, will come into play only where the healer-patient relationship is tethup. I was not able to solicit a clear explanation of what, exactly, might cause a relationship to move from being tethup to methe. However, a patient who enjoys generally good relations with others in the community (by virtue of enjoying a fair degree of status and wealth as much as a lovable personality) is more likely to enjoy tethup relations with healers. The same applies to healers themselves, and this is an important inducement to maintaining good relations with others in the community.

According to some informants, there are gradations of tethup and methe. Where tethup is weak, a more elaborate (and expensive) ritual may be necessary. Other informants, however, stated that a relationship is either one or the other, and that gradations of efficacy will occur only where the relationship is tethup. One minung commented that if the relationship was methe, she would refuse to perform healing rituals because "the offerings would just become poison". Patients never question whether the identification of a relationship as methe (which is usually the sole prerogative of the healer) is correct, or why. One informant explained it as follows:

"If I buy 3 different-coloured yaks, and only the black one survives, then I must accept the fact that I have tethup with the black, so that I buy only black yaks in the future. This is why I can choose only a healer with whom I have tethup. If a healer and patient have tethup, even an offering of water to the lha will bring success. But if they have methe, even an offering of gold will not bring success."

Note again that the impact of tethup/methe is greater in the case of relationships with low healers than with high healers. In the case of a particularly high lama the relationship is considered far more likely to be tethup (and thus Sherpas are more inclined to travel to consult a famous high lama than a famous lhawa). This was explained to me once in terms of the fact that high lamas, by virtue of their spiritual work, are "white ones, and everything mixes well with white". Low healers, on the other hand, like the laity themselves, are 'white-black', and this combination makes the likelihood of tethup difficult to predict. The whole phenomenon of tethup/methe is clearly one for further research, and will no doubt shed more light on the nature of relations more generally, in Sherpa society.

There appears to be an important correlation between the social status of the healer and that of the patient, even though this is rarely acknowledged. That is, low lhawa-minung (i.e. those who have contracted tip in the course of their activities, or who are recent immigrants, or who are poor) are
more likely to be chosen by patients with low status in the community (such as immigrants, the poor, the khamendeu, and those already suffering from tip). This is because such lhawa-minung are considered by those of higher social standing to be more likely to transfer their tip to the patient in the course of their rituals (and vice versa) and thus will be less popular with patients with high status. Note also, of course, that their services are also significantly cheaper. The perceived efficacy of their services is, as a result, considered to be less (and to have fewer long-term benefits). However, it appears that most poor, lay Sherpas are resigned to this, and it does not significantly affect their choice behaviour. Note also that, because low status Sherpas (and non-Sherpas) have less access to high healers, they tend to choose allopathic medicine more readily (and that this is by far the cheapest form of healing available!).

High (and more expensive) healers, on the other hand, are more often chosen by the wealthy and by those with high social status. If a patient with high status requires the services of lhawa-minung, he will choose those with the highest status. In no case on which I collected data, did a high Sherpa 'choose' a low minung (although a low lhawa was occasionally consulted, if a high lhawa was unavailable). Non-Sherpa healers such as dhami are only chosen by non-Sherpas or by Sherpas with low social status. (It is interesting to note that this correlation between the status of the healer and that of the patient is somewhat in conflict with what occurs elsewhere in Nepal. In many Hindu societies, the only occasion when rules of commensality may be broken is when a dhami-janakhri - often of low caste - is treating a patient. This suggests that healing in such societies involves more 'anti-structure' or 'communitas' elements, to use V. Turner's terms, relative to the 'structure' which more accurately characterises healing in the Khumbu, and which healing serves to reproduce).

Gender is an interesting issue in choice behaviour. Thirty-six per cent of minung are female, 30% of lhawa are female, and 80% of village health workers are female. There are no female henzin lamas, and, of course, no female celibate lamas and monks (although there are at least four nuns involved in healing). Nor are there any female amjis. The close correlation between female healers and the low degree of respect for them and intention to comply with their prescriptions (see Table 3) is fairly revealing. It was interesting to discover, therefore, that the sex of a healer is not considered by patients themselves to be relevant to choice. The majority of lhawa appear to have male tutelary deities, but in at least 2 cases, deities are female. According to lhawas' patients, however, this did not influence their choice (and in fact, very few were even aware of it). The majority of girpa (approx. 60%) were also identified as male, but again, this was not considered to be an issue. In fact, in nearly 25% of cases, a healer's girpa was of the opposite sex.
Female patients, particularly those who have not yet reached marriageable age, are less likely to receive the assistance of higher (and more expensive) healers (though this was never explicitly stated by informants). This can be seen in the following breakdown of healers' patients by sex:

<table>
<thead>
<tr>
<th>Sex</th>
<th>Healer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minung</td>
</tr>
<tr>
<td>Male</td>
<td>38</td>
</tr>
<tr>
<td>Female</td>
<td>46</td>
</tr>
</tbody>
</table>

That is, when patients are disaggregated by sex, and their first choice of healer is examined, 12% of males versus 6% of females chose (or rather, had chosen for them) lhasas; 28% of males versus 20% of females chose high lamas, and so on. Note, however, that more males than females are treated by healers, which implies either that females become sick less often than males, (which I seriously doubt), or that female sickness is reported less frequently (which is possible) or that females receive less attention from healers for their sicknesses (which is the most likely explanation).

A number of Sherpa women acknowledged that a female village health worker (as in the case in Thame) is likely to receive more requests for assistance from women suffering from pregnancy complications and other women's health concerns than would a male health worker. Nevertheless, male informants did not feel that they were discouraged from going to the health post just because it was staffed by a female. (One informant noted, however, that only minor, and naturally-caused conditions can be treated at the health post, and that more serious and complex conditions requiring the intervention of high healers cannot be taken to females, simply because high healers are always male).

According to the Sherpas themselves, female children are more likely to be taken to the health post and/or Hospital, and earlier in their case history, than are male children. This, they say, is partly because shrends are less concerned with female children, and are thus less likely to be angry if female
children are treated with allopathic medicine. However, it would also appear that this is because female children are generally considered less important (because their income-generating potential is considered - often incorrectly - to be less, and because they are less likely to be in a position to care for their parents in their old age). In a situation where the relatively high cost of treatment by traditional healers carries with it an expectation of a higher degree of efficacy, a family's limited resources tend to be directed towards its more important male members. Note, however, that this conflicts somewhat with the hospital's own data on sex of patients (see below).

It would be reasonable to expect that a patient's level of education would be an important factor in choice behaviour. While there is no doubt that those who are at least functionally literate tend to be more positive about the role and efficacy of allopathic medicine (at least with regard to treatment of symptoms, and for "simple cases that we just ignored in the past"), this does not necessarily translate into actual choice behaviour. As already indicated, sudden and incapacitating crises in particular provoke a fairly uniform pattern of choice behaviour among educated and uneducated alike. As one informant explained, "education is useful for business and politics, but it cannot help when you are sick. Sick is sick. You don't go to the school for help when you are sick, you go to the gonda". The breakdown of (first) choice of healers by level of education is shown in the following table:

P.T.O.
Table 5: First choice of healer by education.

<table>
<thead>
<tr>
<th>Patient's level of education</th>
<th>Healer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minung</td>
</tr>
<tr>
<td>nil</td>
<td>48</td>
</tr>
<tr>
<td>1-3 yrs</td>
<td>45</td>
</tr>
<tr>
<td>4-5 yrs</td>
<td>38</td>
</tr>
<tr>
<td>6 yrs +</td>
<td>32</td>
</tr>
<tr>
<td>Pre-school age children</td>
<td>55</td>
</tr>
</tbody>
</table>

That is, when patients are disaggregated by level of education, and their first choice is examined, 48% of those without any education chose *minung* first (versus 32% of those with 6 yrs. or more of education) and so on. However, it must be noted that these figures are potentially misleading, since they do not indicate the impact of gender, the distribution of educational levels, variations according to different types of conditions, and so on. (In fact, my data on levels of education is incomplete, and some extrapolation was required to arrive at the above figures). What the data does indicate, however, is that education is not a critical determinant of choice behaviour.

A more important criterion than education in choice behaviour might well be contact with tourists (although the two are obviously closely related). Furthermore, the more life-threatening a condition, the less significant is education. As one well-educated friend commented, "if we are attacked by *nerpa* and become very sick, we are in shock and cannot make good decisions, even though we might have much education. We must rely on our family in such situations, and they are mostly concerned to make the *nerpa* happy".
In one case, K.T., who is well-educated and works for the Hospital, was coming home one evening when he was attacked by a shrendi at the river. For several hours he "fought" the shrendi, resisting its efforts to drag him into the river. Finally he stumbled into the small hamlet on the other side of the river, wet and incoherent. A friend took him home, where he stayed on his own for a number of days, his only visitor being a minung, called to divine whether the shrendi was still attacking him. When he recovered, he returned to the Hospital, treating patients in the same way as in the past.

Most healers say that in recent years, the incidence of multiple choice has increased. At the same time, many healers - and some patients - acknowledge that significant problems may ensue from multiple choice, especially where this involves a combination of lhawa-minung and high lamas/monks, or where the choices are made too close together. The reasons given for this aversion to multiple choice include the following. Firstly, it was suggested to me that the lha become angry because of what they see as the apparent lack of trust demonstrated in the healers who represent them. Secondly, it was suggested that the shrendi become confused by the variety of healers invoking and propitiating them, and thus grow angry and suspicious. Thirdly, the healers are sometimes said to be annoyed at the patient's lack of trust in a single healer, and thus the healer-patient relation is more likely to be methe. It was also said that a healer might become confused by the various lha and shrendi which previous healers have invoked and brought into the case. Fourthly, a high lama's or amji's treatments are considered to take longer to have an effect, relative to those of lhawa-minung, but this effect is considered to last longer. Their treatments should be given the opportunity to take effect. Finally, the patients themselves are said to attract shrendi if they precipitate a large amount and variety of healing activity.

Despite all of this, multiple choice clearly occurs fairly frequently in the Khumbu, as the choice behaviour data demonstrates, and as the following cases show:

D. is an elderly Tibetan widow. After severely straining her hip she consulted a monk relative, who - suspecting that the accident had been caused by a nerpa - advised her to consult a minung. The minung confirmed the monk's diagnosis, but offerings to the nerpa did not relieve the pain. She then consulted an amji who diagnosed the condition as lune and prescribed gyemzil (a red mineral believed to harden bones) and hajuri (leaves, also believed to harden bones). Still without relief, her daughter called four different minung (including a Tibetan) in rapid succession. Each minung performed offering rituals, using tsampa flour effigies, but - by D.'s own account - "these were useful only for finishing my tsampa flour". Afraid that D.'s tse might be finished, her daughter then called Lama Tenzing to perform a tse ong and sent some money to the fortune-teller K.M. for unspecified assistance. Finally, when her pain began to ease, D. asked me for some painkillers. When I asked her about the impact of having called so many different healers, D. acknowledged that this might have complicated her problem, but added that, as a Tibetan, she had no choice, having to take advantage of all available healers. Furthermore, there was a suggestion that employing a number of healers would increase the merit derived from such employment.
Perhaps the most dramatic case I encountered of multiple choice of healers was that of A.C.:

A.C. had contracted a chronic and increasingly debilitating weakness in her right side. She consulted more than 12 different traditional Sherpa healers, the health post, and the Hospital; as well as two high lamas, a doctor, and 2 Hindu healers in Kathmandu; a doctor and a famous ayurvedic healer in India; a world famous neurologist who was trekking to Everest Base Camp; and a not-quite-so-world-famous medical anthropologist in Thame (!) - all within 2 years, and all, apparently, to no avail.

In this case, and in other similar cases of lune (i.e. chronic body sickness) multiple choice was tolerated, and even seen to be an appropriate response. In no case did I hear of a healer instructing a patient not to consult another healer. Multiple choice is considered to be more appropriate where causes have been resolved satisfactorily, but symptoms persist.

There are, however, many cases where multiple choice was avoided:

In one case, A.D., the elderly wife of a relatively wealthy trader, fell sick with vomiting and sore joints. Her husband called a minung, but he was unable to divine the cause. As she grew more and more sick, the minung was recalled 4 times, but no other healer was called, for fear of angering the gods. Finally, a neighbour called the doctors, but they could not diagnose the problem, either, and thus did not prescribe any medicines, and were not invited to return. The minung was called once more, but the lady did not recover. A.D.'s husband explained that calling a variety of other healers would not have helped because her problem was just "bad luck".

There is even more reticence with regard to commissioning different healers from within the same category of healer (particularly lamas and high healers). Furthermore, the wealthier a patient, the more likely he/she is to commission high healers, and thus to refrain from multiple choice. The ideal seems not to be, in fact, pragmatic eclecticism or "hedging one's bets", but rather to "get it right the first time". If a healer is unsuccessful at his/her first attempt, he is often called a second or third time (because the variety of factors influencing the success of a particular healing episode may change rapidly). After this he may suggest that the patient consult a different kind of healer (although, in several cases, the same healer was recalled more than 5 times). Only very rarely will a healer actively follow up a patient's recovery, or seek to be re-employed. (For this reason, the doctor's efforts to follow up patients are often regarded with some bemusement, if not suspicion).

It is important to note here, however, that where multiple choice does occur, it is more the result of pragmatic eclecticism than it is the result of any in-depth knowledge of the various alternative systems available. That is, while it is important to recognise that agency is constrained with regard to health-seeking, it is also important to recognise that it is more a lack of knowledge rather than a lack of motivation that constrains it. Sherpas are, in fact, fairly accepting and pragmatic about their
response to this situation. As one informant commented:

"we don't know how or why the healers we choose will heal us. We just hope that they will heal us... The schools say that our healers are bad, but the gods say that they are good. We don't know for sure. So we have two thoughts, instead of one. It is better this way".

The choice of allopathic medicine varies significantly from case to case and over time, as the Hospital's own records demonstrate:

Table 6: Hospital Patients by age and sex.

<table>
<thead>
<tr>
<th>Group</th>
<th>Adult Male</th>
<th>Adult Female</th>
<th>Child Male</th>
<th>Child Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec.'76</td>
<td>103 (22%)</td>
<td>177 (38%)</td>
<td>76 (16%)</td>
<td>109 (24%)</td>
</tr>
<tr>
<td>May '77</td>
<td>319 (42%)</td>
<td>124 (16%)</td>
<td>134 (18%)</td>
<td>182 (24%)</td>
</tr>
<tr>
<td>Aug.'80</td>
<td>136 (34%)</td>
<td>30 (33%)</td>
<td>79 (20%)</td>
<td>53 (13%)</td>
</tr>
<tr>
<td>Dec.'80</td>
<td>86 (39%)</td>
<td>59 (27%)</td>
<td>39 (17%)</td>
<td>37 (17%)</td>
</tr>
<tr>
<td>May '81</td>
<td>152 (35%)</td>
<td>80 (19%)</td>
<td>105 (24%)</td>
<td>93 (22%)</td>
</tr>
<tr>
<td>Aug.'82</td>
<td>111 (30%)</td>
<td>140 (37%)</td>
<td>51 (14%)</td>
<td>72 (19%)</td>
</tr>
<tr>
<td>Dec.'84</td>
<td>115 (45%)</td>
<td>84 (33%)</td>
<td>28 (11%)</td>
<td>30 (11%)</td>
</tr>
<tr>
<td>May '85</td>
<td>189 (43%)</td>
<td>128 (29%)</td>
<td>62 (14%)</td>
<td>60 (14%)</td>
</tr>
<tr>
<td>Sep.'85</td>
<td>147 (47%)</td>
<td>84 (27%)</td>
<td>50 (16%)</td>
<td>31 (10%)</td>
</tr>
<tr>
<td>Dec.'85</td>
<td>114 (34%)</td>
<td>111 (33%)</td>
<td>59 (18%)</td>
<td>50 (15%)</td>
</tr>
<tr>
<td>Mch.'86</td>
<td>179 (50%)</td>
<td>100 (28%)</td>
<td>50 (14%)</td>
<td>29 (8%)</td>
</tr>
</tbody>
</table>

Over the two years '85-'86, 43% of patients were adult male, 30% were adult female, 16% were child male and 11% were child female. Note how this data compares with the perception of many Sherpas that more children, particularly female children, utilise allopathic medicine. (Doctors at the Hospital commented that one reason for the greater number of adult males over adult females is that women are much more stoic than men: "the men are much bigger babies and complainers than women. Men come here for things that a woman couldn't even spare the time to consider" (Kokernot '86 p.c.) Note also the significant range in number of patients (total of 759 in May 1977 verses a total of 221 in December 1980). While some of this can be accounted for by seasonality, much of it is due to other, unknown factors and is of some concern to the doctors.
Similar fluctuations in choice are found when the data is broken down by residence and ethnicity. In '71 Lang and Lang reported that 76% of the population at Kunde, 45% of the population at Namche, and 32% of the population at Thame sought allopathic medicine at some point of time in the previous two years. By the mid '80s, however, this had changed considerably. Of the cases of sickness that I recorded in Thame, only 14% sought allopathic medicine, and only 7% chose allopathic medicine first. Many of these sought assistance from the clinic rather than the hospital. In May '84, 74% of the hospital's patients were from Kumjungh-Kunde and Namche, but only 1% were from Thame. This represents a massive and highly important drop in utilisation, but one which the hospital does not appear to have followed up on. Furthermore, only 58% of the hospital's clientele were Sherpas. In Sept. '85 (during the monsoon, when tourist activity ceases), 81% of hospital patients were from Kumjungh-Kunde and Namche, and 67% were Sherpas. In Dec.'85, 72% were Sherpas.

Over the two years '85-'86, 40% of patients were from Namche and the remainder were mostly from Kumjungh-Kunde. Approximately 30% were non-Sherpas. The data available does not allow us to identify whether the proportion of non-Sherpa patients has increased significantly over the years, though this is perhaps safely assumed. (It would be explained, of course, by the increasing presence of non-Sherpas in the Khumbu as a result of tourism, Government activity, the increasing significance of the Namche market, and so on.) Tibetan immigrants are generally less frequent attenders at the hospital even though their living conditions are generally poorer and mean that they suffer more frequently from respiratory and gastrointestinal conditions.

At the health posts, the data is less reliable but the same significant variations can be observed. In Devuche, in the 6 months from Nov.'85 to May '86, a total of 320 patients were seen, of which 43% were adult males, 44% adult females (note that the Devuche health worker is a female), 7% child males and 6% child females. (Note, however, that 20% of total patients were monks; i.e. adult males, from the nearby gonda.)

At Thame, in the 12 months from March '85 -March '86, a total of 330 patients were seen (including 12 monks). Of these, only 217 (66%) were from Thame and Thameteng. Monthly figures ranged from 10 cases in July (a low figure, given the higher incidence of gastrointestinal conditions in particular during the monsoon) to 46 cases in November. Of these, 135 (41%) were adult males, 157 (47%) were adult females, 11 (3%) were child males, and 27 (9%) were child females. Only 25 cases (8%) were children below 10 years of age, while 37 cases (11%) were adults over 50 years of age.
Unfortunately, socioeconomic and other data pertaining to health post (and Hospital) patients has not been kept, and I was unable to draw any firm conclusions from what was available. However, the village health worker agreed that the majority of patients are, in fact, from average to wealthy families (remember that the Rs. I cost per consultation is nominal only), with relatively high levels of education and involvement with tourists.

One of the interesting observations arising from the data on choice behaviour is the difference between people's stated attitudes to allopathic medicine and their actual utilisation of it. While some are inclined to speak negatively about it and yet utilise it readily, others are inclined to speak positively about it, yet rarely utilise it at all. (The same degree of variation between stated attitudes and practices was not found in relation to other forms of healing).

One middle-aged woman, L.N., who has spent much time with tourists, was generally a supporter of the health post in the village. One day, L.N. developed severe stomach cramps, compounded with an eye problem. After consulting an amji, she came to me for medicines. I suggested that she come with me to the Hospital, and, after some hesitation, she agreed. As we neared the Hospital, however, she became increasingly agitated and, finally, turned back to the village, explaining that the shrendi on the path were making her condition worse. I later discovered that she had never gone to the Hospital.

There are many Sherpas, on the other hand, who unequivocally distrust the Hospital, both in word and deed. Most of these can relate a story of a bad experience as the reason for their distrust, and many of these involve invasive treatment which was inadequately explained beforehand, by the Hospital, to the patient, (or to those responsible for the sick person).

In one such case, occurring some 10-12 years ago, P.D., the teenage daughter of a relatively wealthy trader had been sick for over a month with severe dysentery. Her grandmother, with whom she was living, had called a number of different healers, who all agreed that the cause was a nerpa. But they had been unable to cure her. For some reason, the grandmother had refused to call Lama Tensing. Finally, P.D.'s uncle intervened, demanding that she be taken to the Hospital (against the wishes of the grandmother who continued to argue that the Hospital could not deal with nerpa). The girl was eventually taken to the Hospital and given a "shot", but died the next day. Her death was explained by her grandmother as being due to the nerpa's anger at being ignored, and to the "weakness" created by the "shot". Since then, most of her family members have refused to visit the Hospital, and even her brother, a well-educated sirdar, claims that "hospitals are places in which to die. This is what tourists say happens in their countries, and this is what happens here".

In another case, however, I witnessed a minung, who was often critical of the Hospital, admonishing a patient for calling him a third time to heal his inflamed leg. The minung explained that, having previously divined that the inflammation was not caused by a nerpa or pem or lu, he had advised his patient (who was poor and unable to pay a large fee) to go to the Hospital for treatment. The patient had not done so, but had again called the minung (on a particularly cold day!)
In another case, L.N., a well-educated sirdar, developed the symptoms of a peptic ulcer, due, he says, to the stresses of "working with tourists". Over a period of 3 weeks, during which time he remained bedridden, a lhawa, a minung, a Nepali dhami, an amjii and two high lamas were all called, but without success. L.N. had wanted to seek the help of the Hospital, but the minung had divined that L.N. would "become paralysed if he was injected with Western medicine". Finally, on the high lama's advice, the doctor was called, and a peptic ulcer was diagnosed. L.N. was sent to Kathmandu where he successfully underwent surgery. His family are now loyal supporters of the Hospital.

It is interesting to note that support for the Hospital, even where this is based on positive past experiences, does not guarantee that its assistance will be sought on subsequent occasions.

In one case, reported in 1983 by the doctors at the Hospital at the time, the doctors were called to the house of a woman with serious pregnancy complications. The doctors, failing to identify a foetal heart beat, convinced the woman's family to carry her to the Hospital. There, a baby boy was delivered, feet first, but healthy. Three months later, when the baby was brought for a check up, he was in fine health. Two months later, however, he became sick and died. Four lhawa-minung had been called, but at no time was the Hospital, or even the health post, consulted.

The practice of returning to the hospital for ongoing treatment is, in fact, low among Sherpa patients, relative to that among non-Sherpas. (This has caused considerable problems for T.B. therapy programmes, and even immunisation campaigns). A number of patients explained that, as far as they were concerned, the whole point of allopathic medicines was to achieve an instant cure. If this was not forthcoming, clearly there was little point in pursuing this therapy, and supernatural assistance was required. Non-Sherpa patients, on the other hand, (particularly women), often regard the Hospital as a source of social interaction (the Western doctors generally speak some Nepali, but not Sherpa) and, in fact, they are said by the doctors to return for follow-up treatment more frequently than is necessary! (Note that Hindus are occasionally refused treatment by high Sherpa healers, and thus rely more on the Hospital).

The study of choice behaviour has become a popular pastime among medical anthropologists and sociologists in recent years, both because of the theoretical insights it provides into decision-making within particular sociocultural contexts and because of the more practical promise it holds for redirecting choice behaviour along lines favoured by development planners. As I shall demonstrate in Chapter 11, some interesting (and even partially useful) models have been developed to enable the prediction and analysis of choice of healers in so-called pluralistic settings. However, I am unable to feel confident that these models either can or should be applied to the Sherpa case, primarily because of the overwhelming complexity of factors that need to be taken into account in understanding choice behaviour. While my data and analysis may point to some underlying influences and issues, it does not provide much satisfaction for those who would seek statistical significance.
or predictive accuracy. The reasons for this will be discussed in Chapter 11.

9.4 Compliance.
Compliance rates among Sherpas, with regard to allopathic treatment, are quite poor. What is of even more concern is that it is the poorer, less educated and more remote sections of the community (who are at most risk) who are the least likely to take their prescribed medicines/therapy or present for follow-up treatment and subsequent immunisations etc. As already noted, I was occasionally asked for medicines in the Khumbu. Often, however, I found that those asking for medicines would keep them rather than take them, either because simply receiving the medicines was felt to establish the exchange relationship on which healing was based, or because the purpose of medicines was felt to be something which was taken when pain became overwhelming. There was very little idea that taking a course of medicines might prevent pain (or other sickness) from occurring.

On the other hand, compliance with the prescriptions of Sherpa healers is very high (though, as we have seen, this varies somewhat according to the type of healer - see Table 3). An examination of the actual dialogues between healers and patients, as far as I was able to record them, indicates that on no occasion did a patient - or those responsible for one - challenge or actively seek to negotiate a treatment (or diagnosis) with a supernatural cause, or to enter into any discussion or explanation with that causative agent as to factors surrounding a sickness or its management. (Indeed, informants were quite bemused by my suggestion that this might be possible, and that it occurred elsewhere in Nepal. One informant commented that such behaviour "may explain why the rongpas are sick all the time, and have to make sacrifices"). Nor was there evidence of any significant or prolonged negotiation between healers and patients. Healer-patient discourse concerning the healing rite during the actual performance of the rite is, in fact, almost entirely absent.

As one informant explained: "When the healers are speaking with the lha and the shrendi they speak a different language that we cannot understand. We must close our ears so that we do not become gossip-makers, and we listen only to what we are told to do". When I suggested, however, that this lack of access to the means of communication with supernaturals might be disempowering, he replied: "If I could speak directly with the lha and shrendi I would be a healer. But I am not. I am a trader. I am happy to be a trader".

As a rule, compliance with a healer's prescriptions is greatest where a high healer has prescribed a high ritual to appease the high gods. In such cases, compliance is just as great among high lay
persons as among the low. In fact, it would be unthinkable for anyone not to comply in such a case, even if it meant going into considerable debt to commission the ritual. As one informant explained, "if we are to do a done (a low kurim) we might leave it until the potatoes are planted. But if we are told to do a yun (a relatively high kurim), even the poorest people will stop what else they are doing and arrange it". The regular lhachetu are done by all Sherpa families, even though those of the wealthy will often be far more elaborate. There is a general sense that where any activity involves the monasteries, it is beyond question.

Compliance is less likely, however, where a patient consults a low healer.

In one case, L.P., an elderly but wealthy woman, contracted chokpa shurup at a time when all the high healers were either away on a pilgrimage to Bodhgaya, or were performing rituals in other villages. By her own account, she consulted the minung M.T., "but only to make the gods happy for the time being". She had little expectation of a cure and did not perform the offering ritual he prescribed, noting however that she would comply with the prescriptions of the lama when she returned.

Amji K., who began to practise as an amji only after inheriting chopa (equipment) and men (medicines) from his deceased brother, complained that:

"people come to me for medicines, but if I give them to them for free, they don't take them, and then they get sicker and blame me. People say they believe in Tibetan medicine, but they don't know what it is, so how can they? You should give medicines only to those who understand them".

Compliance seems to be less likely where a patient has consulted a number of different healers. (Note that this also implies that multiple choice is somewhat problematic). Compliance rates also decrease with subsequent healers. What is important however, is that this applies only to low healers. As one informant commented, "if my son is sick and I meet, on the road, a high lama who tells me to do an offering, I must do it, even if a minung has already done a different offering. There is no point in talking about it".

In one case, L.D., a wealthy educated trader and hotel-keeper, contracted paken, which L.D. believed to have been hereditary and brought on by eating dried meat. As a result, he did not at first consult any healers. As his condition deteriorated, however, he decided to go to the Hospital, but his older sister advised him to go first to the lama to seek his approval. L.D. decided against this suggestion, explaining that "if I went to see the lama and the lama told me not to go to the Hospital, I would have had to follow his advice, and I would be dead by now. But if I wanted to reject the doctor's advice, I could".

The increasing 'highness' of lamas and monks within Sherpa society since the introduction of monasticism, and the increasing rigidity of the high-low structure of relations which this has occasioned, is linked both to reduced opportunity for agency in religious affairs, and to a greater
emphasis on compliance in patient behaviour. This compliance is, in turn, linked to the increasing control of knowledge by healers: i.e. the lack of opportunity for the laity to develop and utilise knowledge about the relation between the natural and the supernatural realms to heal themselves, or to negotiate directly with causative agents and healers about prescribed therapeutic regimes. The higher the cause and/or healer, the less access a patient has to knowledge about the cause and its management, and the greater the rate of compliance. Of course this situation holds little real concern for most Sherpas. As one lama friend would regularly remind me, “it is not how much you know, but whether it is useful that makes the difference between a wise man and just another hungry ghost”.

9.5 Determinants of efficacy.

Patients rarely discuss with healers the outcomes of healing episodes, and healers rarely enquire as to such outcomes, or even provide a prognosis as such. In fact, the relation between action and outcome was something which both patients and healers had difficulty in discussing with me. On the one hand, Sherpas put a lot of effort into manipulating events and outcomes through ritual intervention, but on the other hand, there is rarely any formalised assessment of why particular outcomes were not achieved. There is something inevitable about the effects of spiritual causes (and therapies), and few Sherpas seem to aspire to an in-depth understanding of the relation.

The pervasiveness of the high-low theme has a significant influence on perceptions of efficacy. That is, for virtually all Sherpas, the higher the healer who has performed a ritual, the higher the ritual itself; and the higher the materials used as offerings etc. within the ritual, the greater the expectation that the ritual will prove successful. Indeed, most Sherpas will say that the correct performance of a high kurim by a high lama will inevitably have profound benefits, in future lives if not in the present. (Note also that the more expensive a ritual, the greater the expectation of success because the more expensive rituals are the high rituals which engage the assistance of the higher gods).

High healers exercise greater authority over the lower causes of sickness because of their access to higher sources and forms of power. They also need to engage less with these lower causes, and are thus less likely to be polluted by them. Perceptions of efficacy of healing carried out by low healers, however, vary much more, and are subject to a much greater range of variables. Again, there is a clear correlation between highness, structure, and authority, versus lowness, agency, and the problematic nature of relations between lower phenomena.
On one or two occasions, I heard of a healer - usually a high healer - performing a ritual to assess the efficacy of a previous healing ritual.

In one case, where a woman had contracted lhachou as the result of seeing a yeti, a lalti and a tse ong were performed by a high lama. The next day he placed a torma, in the shape of a sheep, in a bowl of water, and spun it. When the torma stopped moving, it was pointing towards the patient, indicating that the ritual had been successful.

Such ritual checks, however, were very infrequent. A number of informants commented to me that, in the past, lhawa would demonstrate their efficacy by displaying supernatural powers when possessed. One old lhawa, for example, would "fly around the room like a bird", indicating that the shrendi had been expelled. I also heard of an amji who would extract a snake from the stomach of a patient suffering from tuk, to demonstrate that the cause had been successfully removed. Today, however, very few healers provide such tangible proofs of the efficacy of their interventions.

As already indicated, a healing episode tends to be judged successful or otherwise according to evidence that causes have been successfully dealt with, as much as that symptoms are no longer present. In fact, in approximately one third of the cases judged to be successful, and witnessed by me, symptoms continued to be present. The frequency with which Sherpas continue to consult their traditional healers is perhaps the most significant evidence of their perception that this is a legitimate basis for determining efficacy and that these healers are efficacious. Just as telling is the fact that these healers are even more likely to be consulted at times of crisis. It is a truism, but true nevertheless, that if traditional healers were perceived to be ineffectual, it is highly unlikely that they would have remained as popular as they have.

This is not to say, however, that traditional healers are always seen to be successful. The frequency of multiple choice is clear evidence of this. A great variety of explanations were provided by patients to account for a healer's lack of success. In approximate order of frequency these were:

1) the patient had "bad luck", or his/her "time was up" and this overrode the activities of the healer. There are a variety of namdok (omens) which both indicate and perhaps influence this (e.g. if the healer is standing when the person sent to call him arrives, this is seen as bad luck). Note, however, that this concept of "bad luck" is very loosely defined, despite its frequency of use.

2) relations between healer and patient were methe (i.e. not conducive to healing). This would generally be made evident at an early stage (e.g. by a healer failing to divine the general
category of cause, or the circumstances in which the cause occurred).

3) the patient called the healer too late.

4) the patient did not comply with the prescriptions of the healer, or delayed too long in carrying out these, or performed them in an inappropriate manner (or, sometimes, with an inappropriate attitude).

5) the patient was subsequently attacked by another shrendi that either had not been identified by the healer, or had attached itself to a visitor.

6) the healer incorrectly divined/diagnosed the cause of sickness, or did not divine all causes involved.

7) the healer propitiated the causes of the sickness with an inappropriate ritual, or on an inauspicious day.

8) the patient called too many different kinds of healers, or called them too close together. The simultaneous utilisation of a Sherpa and a Hindu healer was generally felt to be problematic.

9) the ritual performed by the healer was appropriate, but inadequately carried out.

10) the ability of the healer was insufficient to deal successfully with the particular cause involved.

11) the relationship between the healer and the supernatural cause was methe at the particular time the ritual was performed.

12) the healer had lost his/her power as a result of pollution.

Note that the most frequent explanations for inefficacy relate to inadequacies within the patient rather than within the healer (although greater responsibility for efficiency was placed on lower healers than on high healers). Note also that these explanations vary considerably between different patients.
and for different cases. One lama explained to me, for example, that the wealthy can commission a lhapsang to strengthen the efficacy of lhachetup, while the poor can only do tarshing and serkim and thus can only expect to mobilise the involvement of the lower and more capricious deities.

Determinants of efficacy vary somewhat according to the type of healer involved. For example, the efficacy of a minung will be measured more by the perceived accuracy of his/her divinations, while that of lhawa will be measured more by demonstration of his/her ability to engage and dialogue with a particular supernatural. Amjis and doctors, on the other hand, will be judged more according to their ability to relieve symptoms. And high lamas and monks - if they can be said to be judged at all - will be expected to generate merit for the patient. While the methods employed by high lamas are virtually never questioned, those of amjis (and, to a lesser extent, of lhawa-minung,) are more likely to be. The efficacy of the amji's treatment of tuk, for example, may be influenced by the manner in which the medicines were collected and prepared, as well as by such factors as the strength of the gyaptak behind the tuk, the diet of the patient, and so on.

The notion of a self-limiting condition is unfamiliar to most Sherpas, mostly because a supernatural cause is unlikely to disappear without appropriate intervention. For this reason, responsibility for success always lies with a healer (or, more accurately, with the supernaturals he has engaged) rather than with the patient. This is so even where home remedies have been administered. There is no concept that I am aware of, of the gods healing the patient directly without the intervention of a healer. Similarly, and this is particularly significant, there is little concept that a person is able to identify and mobilise what might be called "self-healing" capacities within themselves. For a patient without knowledge of such capacities remains virtually wholly dependent on external healers for his healing. In a number of cases, patients gave credit for their healing to a traditional healer, even though their last treatment had been from an allopathic healer. Credit is also sometimes given to a high healer, even though a patient's last treatment was from a lhawa-minung. As one informant explained: "the Hospital's medicines might make us feel better, but they can't make the lha or shrendi feel better. Only the lamas can do this".

In one case, an elderly lady, the aunt of a famous Sherpa mountaineer, had been suffering for several months from anaemia, a bleeding nose, and headaches. A variety of healers had been called, but without success. Finally a young relative notified the Hospital, despite fears that this would anger both the patient and the gods, and that any subsequent deterioration in her condition would be blamed on the Hospital. The doctor treated her for high blood pressure, and she soon recovered. She explained this, however, in terms of the impact of a tse ong performed by Lama Tenzing.
The possibility of failure does not appear to be a conscious, or at least explicit, factor in choice behaviour. Failure appears, in fact, to reinforce the system as much as does success, because it merely highlights the problematic nature of existence, the ongoing dependence on healers for the manipulation of the relations on which existence is dependent, and - in particular - the need for patients to maintain effective tetnup relations with healers to facilitate the transmission of healing power. Such relations clearly can be achieved only through subservience and acceptance of the healer's control of knowledge concerning the relation between the natural and supernatural realms.

It is interesting to note by way of conclusion that healers were more reticent than patients about explaining why they had not been successful in particular cases. The most common explanations were that the patient had bad luck; that too many healers had been called and so the gods were angry; and that the patient's time was finished, anyway. In no case did a healer blame his/her own inadequacies for inefficacy.

9.6. Regional variations.
A lack of comprehensive data disallows me from providing firm conclusions about regional variations in patients' knowledge, attitudes, patterns of care and therapy, management, choice behaviour and so on. This is an area for future research. It would be particularly interesting to explore how the increasing influence of the more universalistic Hindu religion affects patients' knowledge and experiences as one travels south into the Solu region. However, the following observations, based on short visits to other areas, are perhaps useful in demonstrating that what occurs in Thame cannot necessarily be extrapolated with accuracy to other areas. Local historical events and varying sociocultural and economic conditions have an important and complex impact on patients' perceptions and behaviour.

The Thame valley as a whole has a reputation among Khumbu Sherpas for having the greatest number, and the most powerful lhawa-minung. Thame people very rarely consult healers from other regions (although people from other regions sometimes consult Thame healers). At the same time, there are few high lamas and monks who have an established reputation as healers outside of the Thame valley. Even the Thame Rimpoché has a secondary role to that of the Tengboche Rimpoché and Dipu Rimpoché, and both are lower in the religious hierarchy than Tulshig Rimpoché at Thubten Choling gonda in Solu. The status of lhawa-minung in Solu, however, appears to be lower than in the Khumbu, if Paul's and Ortner's assessments are correct.

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Many villagers of Phortse claim that they consult only their minung and, for more serious cases, the female lhawa. Sometimes they will also seek the blessings of the Tengboche Rimpocche and Dipu Rimpocche, but, as one villager explained, "there is no point in going a long way to a famous healer if he cannot cure the sickness. Better to call our neighbour who knows the problem and knows the local gods". Phortse villagers also claim that they call healers only when it is absolutely essential, unlike "Nepalese who go to a healer for anything, because they have too much wealth". They say that they go to the Hospital and health post less than in the past because of the number of bad experiences they have had there. One young, educated Phortse villager complained that when he once went to the Hospital, he was "just given white pills in a piece of paper and treated like someone from a remote area. If I had been from Kunde (where the hospital is located) they would have treated me properly".

The villagers of Chaunrikarkha (in Pharak) with whom I spoke, claimed that they consult only the elderly lamas and the health post, ignoring the two lhawa at Gomila. (This claim is not, however, backed up by observations of others, including the lamas themselves). Indeed, one said that "when the lamas die we will just go to the health post because the health post gives fresh medicines". At least two villagers, however, had consulted P.D., the female lhawa in Phortse (nearly two days' walk away). For Chaunrikarkha villagers, the high incidence of stomach-related sickness in the village has led to such sickness having a particularly high significance, and to being regarded as particularly serious. Indeed, the health worker commented that many patients come to her for conditions that are probably due to worm infestations, but which they see as tuk or paken. Sherpas and Hindus appear to attend the health post in approximately the same frequency (unlike in the Khumbu).

One interesting phenomenon in Chaunrikarkha is that villagers sometimes employ a lama to perform a purification ritual once healing has been deemed to have been effected. This ritual confirms the success of past efforts, but also obviously provides something of a closure to the sickness experience that is lacking in the Khumbu. Such closure appears to be more a characteristic of Hindu healers. Note also that kin-based therapy management appears to be more important in Chaunrikarkha than in the Khumbu, again perhaps reflecting Hindu sociocultural influences.

In the Rolwaling valley to the west, the lack of traditional healers means that Sherpas there are more actively involved in therapy management, care of the patient, and experimenting with home remedies. A single monk is often called to divine whether it is worthwhile for a patient to travel the long distance to the Government health post down valley. As already indicated, a healer from Thame
will occasionally be consulted where the patient is wealthy. It would be interesting to explore whether the lack of healers has resulted in more efforts to produce and share knowledge about sickness and healing, and what this knowledge consists of. Again, this is a subject for future research.

In Solu, there is some evidence that Hindu patients are increasingly utilising Sherpa healers (while the Sherpas themselves are increasingly utilising Hindu healers). This is because, as one Hindu villager explained: "if we go to the dharni we have to kill a chicken, and this is expensive, but if we go to the minung we just give her some rice and some rakṣi". The minung who serves as the gonda 'watchman' in one Solu village is particularly popular with both Sherpas and Hindus. It appears that Solu Sherpas play a more active role in discussing their condition with healers and, indeed, in negotiating their treatment. Again, this is more characteristic of patients in Hindu communities, and suggests the impact of Hinduism.

It would be interesting to compare the knowledge and experiences of Sherpa patients as a whole with those of patients in other Tibetan Buddhist communities, plus the causes and consequences of differences. Such an analysis may provide further insight into whether the label 'Tibetan Buddhism' may, in fact, be misleading, given the vast differences between central Tibetan communities and those on the periphery of Lhasa's influence. Certainly, such an analysis would illuminate how the spread of monasticism impacted on, and was itself affected by, local relations of power, based on very different systems of knowledge and its transmission.
PART C:
ANALYSIS AND APPLICATION: STRUCTURE AND AGENCY IN THE HEALTH-SEEKING PROCESS.
CHAPTER 10: 
KNOWLEDGE, DISCOURSE AND THE PRODUCTION OF SICKNESS AND HEALING.

"Scientific concepts are not neutral descriptions of behaviour but, on the contrary, they produce, through discourse activity, the behaviour which they seek to describe" 
- B. Turner 61.

In Chapter 1 I outlined the basic components of a post-modernist approach to power and the theory of practice. I suggested that power is most usefully conceived not as a property, but as the historically-specific relation between the forces serving to reproduce structure, and those enabling agency. Fundamental to this relation is, I suggested, the control of knowledge. And fundamental to this is the control of discourse, defined in terms of the means by which knowledge is produced, classified, distributed and evaluated. I argued that discourse is constituted not through parole as much as the underlying relation between parole and langue; not through speech per se as much as through the codes which determine their nature; that just as the most effective form of power is that which remains hidden, so too is control of discourse exercised most effectively through the ability (conscious or otherwise, recognised or otherwise) to mask (and misrepresent) the essentially subjective, arbitrary, socioculturally determined nature of its underlying structure and the various labels, symbols, systems of classification and so on which support it.

In the overview of Sherpa society and culture presented in Part 1 of my thesis, I provided some initial examples of how the control of knowledge and discourse impacts on Sherpas' ability to pursue agency in the social, economic and religious relationships.

Now, in Part 11 I want to apply this approach in some more depth to the data on sickness and healing in particular, provided in Part 11.

Firstly, in this Chapter, I review how different forms of knowledge are acquired, and how this is controlled. I then explore the notion that power, defined in the above terms, has the potential to produce sickness, as well as healing (and - ultimately - social control and sense of order in the cosmos as a whole). That is, that through the control of the means of production and distribution of interpretive spiritual knowledge about sickness and healing, Sherpa healers are able (consciously or otherwise) to apply labels, symbols and systems of classification to causes and symptoms which profoundly influence both the patients' and the community's understandings, experiences of, and responses to sicknesses. Moreover, that through such control, the subjective, arbitrary,
socioculturally determined nature and consequences of these understandings, experiences and responses are masked, and thereby depoliticised. As a consequence, the hierarchical structure of relations of knowledge-power are reproduced, and relational order in the cosmos more generally is affirmed.

Important here is the notion that 'sickness' is constituted not of objective physiological dysfunction per se (referred to by biomedicine as 'disease') nor merely of individual subjective experiences of that dysfunction (which Kleinman et al have referred to as 'illness', as distinct from 'disease') but rather of the totality of historically-specific factors - external as well as internal - giving rise to this dysfunction and its experience, as well as the totality of their consequences.

In the next Chapter I return to patients and apply this approach to an analysis of the healthseeking process in particular, exploring how control of knowledge and discourse plays a primary, pivotal role in influencing and constraining the 'choice' of healers and healing therapies in the Khumbu. Finally, in the last Chapter, I briefly explore some of the implications of this analysis for the development of more effective health care services and the pursuit of better health for/by the Sherpas themselves.

10.1 The control of knowledge and discourse.

Technical, secular knowledge (i.e. that relating to social exchanges, economic production, occupational skills and so on) is learned primarily through observation and modelling of the behaviours and skills of those with whom one has the greatest contact. The emphasis on the nuclear family ensures that there is much opportunity for such learning. Indeed one (male) informant commented to me that "to be a good father is to show your children by example the importance of working hard, giving hospitality, participating in larke, respecting those who are higher, and being devoted to religion". All children, including females, appear to be encouraged to learn through this method. Rarely did I hear a parent verbally instruct a child (or, for that matter, scold or in some other way punish a child for not learning).

This method of learning seems to work. From a remarkably early age Sherpa children are able to assist with domestic chores, to show respect where respect is due, and appear aware of both the significance and problematic nature of reciprocity and the establishment and maintenance of 'good' relations with others. Once a child becomes independent, the responsibility for learning is very much his own.
In theory, secular knowledge is available to any who value it sufficiently to seek it (although, in practice, access is of course influenced by the number and nature of role models whom one has access to, one's gender, the socioeconomic status and occupations of one's parents, intelligence and education, and so on). No single particular form of secular knowledge appears to be of significantly higher or 'fixed' status than another, and a person's lack of technical skills does not of itself debar him from effectively participating in social activities. Social knowledge often takes the form of a commodity, its value arbitrary, to be manipulated and exchanged through transactions between persons whose relative statuses is more the consequence than the dominant of the transactions. Secular knowledge is subject to much elaboration, analysis and evaluation. Often, hours are spent discussing the intricacies of personal relationships and the merits and demerits of alternative technical strategies and innovations.

All this contrasts significantly with spiritual knowledge. While the status and value of secular knowledge is regarded as relative, the status and value of spiritual knowledge is regarded as self-evident and absolute, its truth incontestible and independent of those who give it expression, its prescriptiveness axiomatic. Unlike secular knowledge, spiritual knowledge is, according to one lama, "like the mountains - always there, even though you may see them only when the clouds are lifted". As von Furer-Haimendorf observes (1967:193), there is a fundamentally important equation in Sherpa society between such knowledge and perceptions of virtue, truth and authority.

This is so, despite the fact that differential access to and control over spiritual knowledge represents perhaps the primary axis of inequality in Sherpa society. Gender inequality, the gap between the rich and the poor, trader and agriculturist, khadeu and khamendeu and so on are pervasive themes in Sherpa society. But in some profoundly important ways these inequalities are experienced most forcefully in access to spiritual knowledge and power, for so much of even ordinary secular life is pervaded by and dependent on spiritual forces and factors.

Spiritual knowledge is not just about esoteric ideas or transcendently oriented rituals. Indeed, control of spiritual knowledge enables control of a vast range of more pragmatic issues, ranging from determination of auspicious days for particular activities to the auspiciousness of activities themselves; from the identification of reincarnates to serve as heads of monasteries to the identification of wrongdoers; from the determination of appropriate house-siting and architecture to the determination of when it is necessary to move house altogether; from predicting weather and natural catastrophes to predicting happiness in personal relationships; from the naming of children to the acquisition of merit and the production of sickness and healing. Indeed the control of
spiritual knowledge is clearly fundamental to social control more generally, and the cleavage between those who produce - or at least transmit - spiritual knowledge (that is, the religious elite) and those who simply consume it (i.e. the laity) is thus increasing in day to day life. It does, however, remain essentially dialectical.

As Ortner has noted

"Buddhism's power is inextricably linked to its social theory...a moral system ... the transcendence of spirit over body, the highness of the big people, and the triumph of the gods are all rendered homologous. Divine protection, personal immortality and social inequality are all experienced as part of the same package". (1978a: 127).

That is, the monastery is dependent on the continued worldly activity (and success) of the laity for both its material support and its overall raison d'etre, just as the laity feels dependent on the monastery for its spiritual (and thus worldly) wellbeing.

There are a vast variety of forms of spiritual knowledge within Tibetan Buddhism, but many of these are not available to the Sherpas. They are familiar with the terma tradition, in which the esoteric spiritual knowledge (in the form of texts, forma, ritual implements etc. which have been hidden by past high lamas in auspicious rocks, trees, images and other places of power) are revealed by tertön and other specialised lamas (not lhawa-minung) at auspicious historical periods to ensure the purity of the teachings (and streamlined transmissions from teacher to students). However, this is not a feature of Sherpa religion per se. They are also familiar with the importance of dreams elsewhere in the Tibetan Buddhist world as formal sources of spiritual knowledge but treat them themselves with a much greater degree of suspicion. Spiritual dances (cham) are well known and an important source of knowledge. Spiritual songs do not appear to be known at all, for some reason. The concept of sacred valleys beyul is well known - indeed, many Sherpas regard the Rolwaling (and Kembalung, and even parts of the Khumbu itself) as previously 'hidden valleys' in which special spiritual knowledge once resided, awaiting the select few who would be empowered to recognise and access it. However, the age of the beyul is now considered to be past. Similarly, dakini cults, an important source of spiritual knowledge and revitalisation in other communities, are absent in the Khumbu. There have been no namthar (biographies of spiritual masters) produced in recent times (and certainly not in Sherpa), and the annual display of high thangka as a source of spiritual empowerment does not figure prominently (although there were plans in Thame to commence painting of such a thangka).
The oral tradition is relatively undeveloped in the Khumbu. This is not to say there are no myths, but rather that they do not appear to figure prominently in lay discourse. Few Sherpas know more than a handful of the most wellknown myths, there is little elaboration of content and little elaboration of meaning and implications. If Victor Turner is correct in linking the influence of an oral tradition with the presence of what he calls "communitas", then the weakness of the oral tradition in the Khumbu may suggest much about the lack of opportunity for what Levi-Strauss calls "bricollage", or simply agency in thought and creative individual expression. (Note that some of the best-known myths are those which affirm the superiority of the textual tradition of the lamas over the oral tradition of the lhawa-minung - see Chapter 5.

All this, of course, contrasts markedly with and emphasises the increasing importance of the written text as the primary physical source of spiritual knowledge. Indeed the Sherpa word for religion - cho - is often also used to refer to text. Similarly, the title 'lama' is occasionally applied to denote simply those who "read texts". There are a variety of forms of texts, including ancient mani stories (found throughout the Khumbu, and now enjoying something of a comeback as the nouveau riche invest in religion), shunga (talismans worn on the body to ward off shrengd etc.), lungtar (prayer flags), and chilap (medicines). Recitations of these texts are directed towards releasing spiritual power through the action of vocalisation, blowing, wearing, ingestion or simply reading, rather than toward communicating ideas or meaning.

However, by far the most important texts are the books found in the monasteries as well as in many (but not all) Sherpa homes. Texts are the direct embodiment of knowledge and power, not just a vehicle for it. For this reason, the more monks - and the higher the monks - one can commission to recite texts, the more merit will accrue, not because the texts are read faster or are better understood, but because merit accrues from the physical process of the reading of each copy of the text. Even the divinations revealed through the reading of such divining texts as lhamu gyezu or daju may not be entirely understood, even by the healer. Nevertheless, divination through texts is universally considered to be a higher and more accurate form of divination than that through dice, rosary, rice grains or dreams. Furthermore, textual divination performed by monks and lamas (sungdakshop) is considered to be higher and more accurate than that performed by minung (tsilhap). One Sherpa friend - obviously familiar with those most sacred texts of Levi-Strauss! - commented to me how books, when read by high monks and lamas, are transformed into spiritual power just as food is transformed into a more edible and higher form when cooked. Texts are always placed as high as possible in one's house, or in the monastery. The mere touching on one's head of a text by a high lama is considered to be an important source of merit.
It is important to remember here that all religious texts are written in Tibetan. I have no data on how many Sherpas speak or read Tibetan, but my estimate is that less than one third speak it sufficiently to understand abstract concepts (the great majority of these having learned Tibetan through religious education in the monasteries) and that less than five per cent read at all. This represents a fairly serious limiting factor in terms of accessing the knowledge that the texts monopolise! Even Sherpa genealogies are written in Tibetan. When I translated a myth about the yetis into English, Nepali and Sherpa as a publication to raise money for the local school, many Sherpas were genuinely surprised that this could be done - indeed, reading their own language caused a degree of uneasiness for some. According to one informant, the reading of a text is literally 

"calling a god. Texts are never read for no reason. If this occurs the gods might become angry, and may not come when they are called for a real reason. It's like sending someone an invitation to come to a party, and then finding there is no party. It is better to leave the reading of texts to the lamas who know what they are doing".

I cannot recall seeing a Sherpa reading a text who was not either elderly or engaged in religious pursuits. This same attitude applies even more to the analysis of texts. This is an activity that is strictly reserved for the religious elite and even they are generally reticent to engage in discussion beyond what has been expounded already in accompanying commentaries (See below).

Nevertheless, the possession of the texts is an important mark of status, wealth, and a source of merit for the laity. Many nouveau riche are investing huge amounts in building chapels and elaborate altars to house what may often be hundreds of volumes of texts. These will be read only by lamas and monks at specially commissioned rituals. Gifts of texts to the monasteries and individual monks represent an important form of exchange (and status). The ownership of texts by monks thus becomes somewhat self-perpetuating, i.e. the higher the monks the more texts they are likely to be given, thus raising their status, as well as their capacity to generate income from performance of rituals and thus the number of texts they are given, and so on. The laity, on the other hand - and even poor or illiterate monks - are denied such opportunities even if their consuming power allows them to physically own the texts. Texts - the primary source of spiritual knowledge - remain firmly in the hands of the religious elite.

This is not to say that lay Sherpas have no access to spiritual knowledge. Rather, that they do not control the means of production and transmission of this knowledge. They are passive recipients or consumers of knowledge, and to this extent remain, I suggest, ultimately disempowered, even if their relationship with the monasteries is a dialectical one. For it is one thing to "know", and a
very different thing to know why one knows this and doesn't know that, to be able to choose what one knows, and - perhaps most importantly - to know in a way that allows one to act in a way which is empowering. As one of the texts says(!)

"Action divorced from appropriate discrimination is a fetter, but appreciative discrimination divorced from action is also a fetter. Action endowed with appreciative discrimination is freedom" (Quoted by Guenther 1976:52)

There are two major sources of spiritual knowledge for healers in the Khumbu. Lhawa-minung (and, occasionally, banzin and ngapa lamas) acquire knowledge (generally involuntarily) through direct divine inspiration (often linked with heredity) such as, for example, in a shamanic calling. Most high lamas and monks, on the other hand, acquire it through formal religious education. (Note that a reincarnate lama is believed to bring with him some of his knowledge of his past life, although this knowledge must be tapped through formal education). In both cases, however, knowledge is deemed to be conveyed from a higher authority, rather than constructed by the individual learner. The success which a learner has in acquiring knowledge is dependent not on their individual efforts as much as on their status, their relative purity, and - to a lesser degree - their intuitive understanding and motivations (all deriving from their karmic situation). In both cases a teacher of some kind is required to convey and interpret the knowledge for the learner, whether this be a tutelary deity, as in the case of Lhawa-minung, or a living religious adept as in the case of lamas and monks. The function of these teachers is regarded as being to serve as vehicles of knowledge rather than as the producers of it as such. The latter function is reserved for the highest lamas.

For a lama or monk, learning rarely commences until the child is at least 8 years of age, and it is increasingly focussed on the reading and memorisation of texts rather than on the more active. The relation between a teacher and student is very hierarchical, and submission to the absolute authority of this hierarchy is fundamental. The higher the knowledge (i.e. the higher and more powerful the deities with which the knowledge is concerned), the more ascetic and asocial the learning becomes: indeed, the more dangerous it becomes. Any attempt to challenge this hierarchy is regarded as having serious negative consequences.

As a monk continues his training, the spiritual knowledge contained in the texts becomes increasingly abstract and complex as well as sanctified and restricted. Each of the many ranks within the monastic hierarchy coincides with both a hierarchical branch of knowledge and a series of texts relating to that particular branch. Achievement of a higher rank is, in fact, dependent upon
access to a higher series of texts (and the control of an increasingly restricted R code) rather than proficiency in explanation or analysis.

Access to the highest forms of spiritual knowledge (generally regarded as that embodied in such tantric texts as the Kalacakratantra) is restricted to those who have either been initiated and empowered into this knowledge or who have access by virtue of their reincarnate status. For it is only they who are considered to be sufficiently free of obscurations, impurities and attachments to serve as effective vehicles of this knowledge. Stablein (1976) in fact refers to tantric discourse as being reserved for the 'pure' and the 'self-born'. In effect, of course, this means that it is reserved for males and those with the wealth and status to pursue a successful religious career.

On the other hand it is interesting to note that the laity does have the opportunity to consume such knowledge, if it is prepared to travel outside the Khumbu and receive initiations from non-Sherpa lamas. Indeed, for most Sherpas, this remains a life-long dream. Those who can afford to do so will undertake long, often dangerous pilgrimages as far away as southern India to receive these initiations (e.g. into the Kalacakratantra by the Dalai Lama). The purpose of these, however, is not to gain great insight into the secret teachings and esoteric practices - indeed, these are seen as potentially dangerous. Rather, the benefit is simply the merit that accrues from attending the initiations. Virtue, truth, and authority lie imminent in the initiation itself - they require no coaxing.

Indeed, while lay informants were able and willing to discuss secular matters at length with me, and were clearly well-informed about events occurring within their natural and social universe, I found it extremely difficult to engage them in discussion about religious doctrine and other religious matters at all. Where this did occur, it was marked by simple statements of 'fact', with virtually no elaboration, interpretation or evaluation. When I drew attention to what I saw as inconsistencies in religious doctrine, these were either not accepted as inconsistencies, or were explained in terms of gaps in informants' knowledge and understanding, rather than as representing any challenge to the truth or legitimacy of the doctrine itself. While lay Sherpas are often present at religious rituals they rarely claim to have any knowledge of the meaning of these rituals, and often appear uncertain even of the content and sequencing of particular ritual events. This contrasts markedly with their ability to learn about secular matters simply from observation and modelling.

High monks and lamas on the other hand were both more articulate and, in general, more willing to engage in discussion. They referred to a variety of complex systems of classification, to a
variety of myths, anecdotes and analogies, and to symbols and metaphors even though the meaning of these was often not clear (and sometimes apparently contradictory). What is important is that the discourse used by monks and lamas in discussions of religious matters was more formal than that used on other occasions (certainly I had more difficulty in following it!) While a lay person would virtually never refer to a text at all, a monk or lama would often do so, for clarification. On a number of occasions lamas insisted on my tape recording lengthy passages read from texts, after which any further questioning was regarded as inappropriate and unnecessary.

10.2 The production of sickness.

How then does the control of spiritual knowledge by the religious elite impact on the incidence of and response to sickness? Recall that, in theory, sickness is regarded as a consequence of a disturbance to one or more relations in the structure of relations on which the cosmos is founded. Of particular importance here is the relation between the social and supernatural realms. As result of a person's ignorance of the infinitely complex points and forms of interface and interpenetration between these realms, it is considered exceedingly easy to unbalance the relationship, consciously or otherwise; to attract the attention of shrendi by visiting someone who is sick; provoke the anger of lha by making inadequate or inappropriate offerings; provide a vehicle for expression of a nerpa by wandering too close to a cremation ground, and so on. Sickness is an inevitable result of this lack of spiritual knowledge and sensitivity. What is significant here is that the laity is considered to be far more susceptible to such sickness than are the religious elite, because of their particular ignorance of, and insensitivity to, the spiritual realm. At the same time, however, monks and lamas also occasionally say that it is precisely the laity's belief in supernaturals that constitutes their ignorance, and thus their susceptibility to attacks from them. If they were able to understand the true existential status of supernaturals, and of reality more generally, they would be less susceptible to sickness!

Another way in which sickness - defined in its broadest sense - can be seen to derive from the control of knowledge is through the misrecognition of its embeddedness in arbitrary socio-political relations. Ortner has commented on

"the general religious tendency to desocialise all effective problems, to see them as matters of individual private urges having nothing to do with social relations" (1978.180)

While a disturbance to social relations is often seen as a cause (as well as a consequence) of sickness, it is an external stimulus to these relations (such as antisocial behaviour) that is
considered to give rise to this cause, rather than anything inherent in relations themselves. That is, the unequal, arbitrary and often exploitive nature of the structure of hierarchy itself is never 'blamed' for sickness despite the number of cases (see Chapter 9) where sickness and even death can be seen to have been caused by (or at least encouraged by) this hierarchy. The group may be seen to be affected by sickness but it is never considered to be its cause. Responsibility lies with the individual; the victim is blamed; 'social problems' are transformed into 'health problems' through the misrecognition of the socio-political dimensions of sickness.

Fundamental to the healers' control over the sickness and healing experience is their control of the process of diagnosis. This is effected not so much through physical examination (indeed, such a clearly technical secular method is eschewed and may even anger the gods and supernaturals. Patients are sometimes not even present during diagnosis). Rather, it is carried out through the various higher, spiritually-oriented processes of divination. Through these processes, causes are identified not in the form of pathogens, but rather in events and actions which have resulted in a disturbance to one or more relations. Ultimately, relations with the supernatural realm are seen to be affected. The assistance of the spiritual realm is thus necessary for divination to take place. To access this assistance, spiritual knowledge and access to the capital R code in which communication with the gods and supernaturals takes place is essential.

Through the process of divination, a classificatory label of some kind is produced, and affixed to a particular condition. Lay Sherpas are familiar with a great many such labels (for a detailed list see A annex). Indeed, a few are able to describe a variety of systems of classification of these labels (including the Tibetan and even allopathic systems). What they can't do, however, is to analyse the genesis of these labels, why these labels are applied and not others, what impact the labels have on treatment, or how "accurate" such labels are. Indeed I was never able to find a single Sherpa - lay or healer - who, I felt, understood my concern with labels (nor, I should add, do I find many westerners who share this interest!) And yet there is little doubt that labels, despite being rather arbitrary, and often rather loosely applied, carry enormous influence in both a patient's and a community's understandings, experiences of, and responses to sickness.

In several cases that I witnessed, a person who appeared to be only marginally sick suddenly became bedridden, and isolated from social contact as the result of a divination of a serious cause, and the application of a negative label. *Pem* and *nerpa* are frequent examples of such labels. That is, a label has a significant impact in determining the severity of a particular condition, and thus on responses to it.
The reverse, however, appears to occur less frequently. That is, where a patient is clearly suffering, it is uncommon for a label not to reflect in some way the suffering experienced, or for the patient suddenly to become well as the result of a more "positive" diagnosis. It is almost as if positive labels have less of an influence than negative labels. Labels in general tend to have a more profound influence in producing sickness than in producing healing. On the other hand, in at least some other cases, labels were changed as result of subsequent divinations, and patients often expressed slightly different symptoms to those previously experienced, despite no apparent change in pathology or signs. Clearly, control of the means by which labels are 'divined' and applied plays a significant role in affecting sickness and healing behaviour.

An interesting example of the masked sociopolitical dimension of the production and application of labels is the label pang. Recall that, through biomedical labelling, conditions relating to female reproductivity are often medicalised, given an aura of objectivity, and thus made more amenable to biomedical intervention. (See, for example, Ehrenreich). In the process, such labelling engenders the view that women, because they are subject to these conditions, are physiologically more "at risk" and, by extension, undependable, and inferior. Female 'hysteria' for example is closely related linguistically to 'hysterectomy', both labels deriving from the Greek word 'hystera' i.e. womb.

In Sherpa, the term for female is pum, and one term used (by men) for womb is pumba. (This is also, incidentally, the term used for the vase into which precious offerings are placed by monks during such rituals as the sabji pumba - see Chapter 5.

The label pang (occasionally transliterated by Western doctors at the Kunde hospital as pung, is applied to an important, frequently occurring, but often vaguely defined condition similar to what biomedicine might label as 'postpartum depression', but manifesting in a variety of other forms (see Chapter 7). Causes usually centre on a woman's weakness during pregnancy and reliance on a male for the provision of adequate food and care, although a number of other causes are also possible. There is also occasionally a hint that pollution is involved. Through the application of the label, a woman is likely to spend several days and even months in isolation, often with frequent repeat episodes for the rest of her life. Such incapacitation prevents a woman from participating effectively in a variety of social and economic activities, as well as spiritual pursuits.

Note also that the label pem - applied to the frequent and important projection of negativity (almost universally by women) towards those with whom one is in close contact - also appears to
derive linguistically from the term *pum*. (Ehrenreich, who discusses the history of ‘witch’ accusations and persecution in Europe as result of the collusion between religious and political authority, would enjoy this, as the term *pem* has been translated by von Furter-Haimendorf as ‘witch’)

The power of labels to constitute is seen also in the reluctance to name things - people, as well as objects - which may prove problematic, or whose existence may be threatened, if attention is drawn to their existential status through naming. Thus, for example, the names of the deceased are never spoken, in case this attracts them and gives them a form which might lead to an attack from their *nerpa*. Similarly, babies are not named until strong enough to resist the attacks of *shrendi*.

Finally, there is another way in which sickness can be said to be produced as result of the control of knowledge and discourse. As we saw in Chapter 7, the configuration of sickness has changed in the last 30 or so years, as a result of increasing contact with the outside world. While there has been a decline in the incidence of some diseases such as smallpox and measles, iodine deficiency, a decline in the infant mortality rate and an increase in life expectancy, there has also been an increase in what some writers refer to as ‘diseases of development’ i.e. conditions linked to changing lifestyle patterns, diet, occupations, environmental forces and so on. Alcoholism, mental illness, ulcers, incapacitation arising from mountaineering accidents, drug abuse, and sexually transmitted diseases are some important examples. There seems to be an almost fatalistic attitude to such conditions. As one friend remarked, "We can get help from the healers for things we know about, but when we leave home and our gods are far way, there is nothing we can do". It is true that the Sherpas are remarkably lacking in knowledge about such conditions, despite their frequency and impact, and are even more reticent to discuss them more than "traditional" conditions. Even among young Sherpa sirdars in Kathmandu I was shocked to find, for example, that the great majority had no idea how to either prevent, identify or even in some cases to seek treatment for sexually transmitted diseases. Health education efforts by the Hospital have been sporadic at best, but there is general agreement that, even with major campaigns, this would never be a popular pastime for the community. Certainly, careful attention needs to be given to engendering awareness that self-help efforts can and do work in relation to diseases of development.

10.3 The production of healing.

Recall that the most common vehicle for the pursuit of healing is the instituting of an exchange relation with the gods and supernaturals. A specialist who - by virtue of his/her control of particular forms of spiritual knowledge and discourse - is able to call and communicate with the
spiritual realm, issues a respectful invitation to the gods and supernaturals to come and partake of offerings of high food and drink, assisted by sensual attractions such as incense, brightly coloured and decorated 'seats' (torna) and music. In return, the gods are expected to reveal the nature and identity of the problem causing the sickness, to propose a solution, and, if appropriate, to exercise their authority over supernatural causative agents, reminding them of their obligation to withdraw their attacks once they have been adequately and appropriately appeased. To achieve all this, of course, it is necessary for a sick person to have first an effective exchange relation with a healer, for the healer to have an effective exchange relation with his/her tutelary deity and other gods and supernaturals, and for the gods to have an effective exchange relation with supernaturals. In short, healing is dependent on the control of exchange relations, just as sickness derives from the lack of such control.

At this point, then, I would like to begin drawing some previous threads together, concerning how healing also can be said to be produced through the articulation of power. The healing exchange might be postulated in terms of the following attributes: it is determined more by sociocultural factors and motivations than by economic interests; it is 'generalised' rather than 'restricted'; it involves 'generalised' rather than 'balanced' or 'negative' reciprocity; it involves the exchange of what are seen as 'gifts' rather than 'commodities', the value of which is defined in terms of 'equivalences' rather than 'identities'; it involves complex, multiple and ongoing interactions between a number of participants rather than a simple dyadic relation; it is expressed through an 'R' code rather than an openly accessible 'E' code; and it has its origins in and has consequences for a field of activity that is far wider than the exchange itself. That is, it is ultimately group-oriented, encompasses a multitude of enduring and often onerous obligations, and serves to integrate or 'incorporate' participants within a single hierarchy. Its objective is to enact a process as much as to achieve a product per se, to engender the conditions for a tolerable and changing balance between sickness and health rather than produce an absolute static state of perfect 'health'. In short, the healing exchange is more akin to what Paine refers to as an 'incorporation' or 'I' exchange than a 'T' (transaction) exchange (see Chapter 1).

Central to the control of these exchanges is the control of the interpretive spiritual knowledge and discourses giving access to the spiritual realm. Without such knowledge, a person instituting an exchange is unable to establish effective, productive communication with the spiritual realm. Perhaps more importantly, she/he risks miscommunicating with and offending the gods, provoking a negative reaction and complicating the sickness even further. A person seeking healing is thus dependent on those who control spiritual knowledge, those who can effectively communicate with
the spiritual realm, i.e. healers and the religious elite. This control is achieved and produced (albeit imperfectly) as a result of a number of interrelated factors.

Firstly, the religious elite exercises considerable control over entry to and membership of the healing professions themselves (and thus the professional knowledge and discourses they embody). Entry is achieved through either a 'calling' by a god or girpa in the case of a lhawa or minung (and such callings must be identified, interpreted, legitimated and empowered by the religious elite before they can be translated into practice); through inherited membership of a deceased healer's lineage in the case of a benzin lama (either through birth or ascription to a spiritual lineage - again, this must be legitimated by the religious elite); or through formal religious education in the case of an amji or monk. (Such education is, as we have seen, controlled by the religious elite).

The internal organisation within the healing professions is hierarchical and institutionalised. The higher status and power of the monks (amji) and lamas relative to the lhawa-minung is demonstrated through such things as their access to higher gods; their use of texts; their concern with prevention, life empowerment and wellbeing in future lives rather than the cure of symptoms, and is reaffirmed through a number of myths. There is little opportunity for (or apparent interest in) competition or negotiation of position or status between healers, or for healers to sell themselves or their services to the clients. In general, the nature of a healer's activities and methods, as well as perceptions of their efficacy, determined by the role rather than a particular incumbent (it would be stretching the argument to suggest that Sherpa healers lack egos!) There is very little opportunity for developing and applying innovative techniques unless these are deemed to be prescribed by the gods and have been legitimated as such, (and empowered) by the religious elite. Underpinning all this is the sense that any challenges to the structuring within the healing professions of the spiritual realm itself on which it is based, and will thus inevitably anger the gods and have negative consequences.

Secondly, the content of healing knowledge is, as we have seen, highly complex, often highly abstract and certainly unfamiliar to the uninitiated and unempowered. It is regarded as axiomatic, self-evident, 'given' (by the gods) and thus not subject to critical analysis or adjustments. One important reason for this is that it is expressed and distributed in terms of a quite distinct and complex R code that, by definition, is restricted to the religious elite. The higher the causative agent and/or the gods whose assistance is sought, the greater the emphasis on the abstraction, analogy, formal language, use of texts and so on. There are a great number and variety of systems of classification that must be mastered, labels that must be understood and applied in the correct
manner, mantras and invocations that must be memorised, myths, symbols and analogies that must be understood. There are also a great number of texts to be read by lamas and monks. Even were there no socioeconomic or supernatural restrictions on access to this knowledge or its vehicles, its very complexity would limit effective control to the few who had the time and ability to master it.

Thirdly, as result of the above, healer-patient communication is limited and tightly controlled, thus reinforcing the healer's control of healing knowledge. Only a very small minority of the patients I interviewed (generally those with western education or those with relatively high status) felt that their own knowledge or interpretations of their conditions - or even the circumstances in which these conditions arose - was relevant enough to be shared with healers. And rarely will a healer actually solicit such information from a patient. In fact, a number of informants said that the offering of their own knowledge and interpretations might be counter-productive, in so far as it challenged the ability of healers to divine causes directly from the spiritual realm. As one informant commented, "we call the healer to divine the causes. If we tell them what they are, then what is the point? This is why we don't believe in the [Hospital] doctors". Similarly, few patients ever venture to question a healer, even for clarification, and virtually never actively negotiate a diagnosis or prescribed therapeutic course of action. The more severe or chronic the condition, or the more its cause is felt to be directly linked to a supernatural causative agent, the less communication and sharing of information there is between healer and patient. Indeed, as we have seen, a patient does not even need to be present for successful divination and healing to be effected.

The healer is able, of course, to communicate with patients outside of a ritual, or during 'breaks' in a ritual, and in fact often does so. However, such a communication takes place within an E code, in the normal lay sociolect and has only an indirect bearing on the healing exchange itself. During the rituals themselves any healer-patient communication tends to occur in a more formal sociolect. Because women and children generally do not have full access to this sociolect, communication with them during a ritual may require the medium of an adult male. Once a ritual is complete, the healer may transmit information but there is virtually never any analysis as such of the ritual.

It is important to note, however, that no one I spoke with felt this situation to be a problem. In fact the great majority of patients I spoke with expressed satisfaction with the nature and degree of their communication with the healers. No one said it was a negative factor in their experience, or that they are sometimes disadvantaged.
Indeed there is a widely shared perception that healers are motivated by what is essentially disinterested benevolence. That is, healing is regarded as a compassionate activity, often placing the healer in difficult, potentially polluting and sometimes dangerous situations, often with very little material reward, but resulting ultimately in the enhancement of wellbeing for the community as a whole, as well as for the individual. Moreover, the frequency of healing episodes that are deemed ‘successful’ (i.e. causes have been successfully divined and managed) is high. In only a very few of the cases I studied were causes not found, even though symptoms persisted in quite a number.

If a patient lacks a clear understanding of his/her condition or the appropriate form of therapy, responsibility for this is seen to lie with the patient rather than with the healer, as in the case in which a high lama advised a patient not to go to Kathmandu to have an ulcer treated. When the ulcer burst and the patient was forced to go, the patient still explained that "Rimpoche was not wrong. I just didn't understand what he was really telling me".

Related to the limits on communication between healers and patients is the limits on communication between the laity themselves concerning sickness and healing. Lay referral and therapy management is neither well-developed nor institutionalised nor group-based. Rather, it tends to be somewhat ad hoc, is centred on the patient's immediate family, and varies considerably according to the patient and the context. While almost everyone in the village will know if someone is sick, few will know the details and fewer still will discuss them, at least in public. Sickness and healing is simply not something that is casually talked about, partly because of the lack of lay knowledge about it and lack of access to the discourses in which this knowledge is expressed, and partly because it is felt that such discussion might attract supernaturals or anger the gods, and thus complicate the situation even further.

Of course, if communication about sickness and healing between the laity themselves is limited by the lack of access to the relevant knowledge and modes of discourse, it is not surprising that direct communication between the laity and the gods and supernaturals is absent altogether. By maintaining a mutual unintelligibility between clients and the gods and supernaturals, the healer exercises a powerful role as a broker. This role is further strengthened by the distance (social in the case of lhawa-minung and banzin lamas, but also spatial in the case of monks and high celibate lamas) between healers and the rest of the community, giving healers an aura of being neutral and disinterested (what Simmel 1950 referred to as the ‘trusted stranger’ role of the broker. See also Victor Turner 1968). The fact that healers do not 'sell' themselves to or compete with each other
for clients; that there are no other 'broker' roles or formal political institutions; and that there is no readily observable link between healing power and political power, even further strengthens the healer's image and role as a neutral broker.

Another factor in the healers' control of healing is their control over access to the ritual, equipment and paraphernalia (ranging from texts to dice, rosaries, flags, wands, drums, and other chopa of the lhawa) and even material substances (e.g. offerings, torma, rilbu, medicines etc.) which are involved in healing. They also control the knowledge and means by which these things are made and, just as important, empowered (this empowerment being necessary if their use is not to prove counter-productive). The amji's control of knowledge of herbal medicines - which herbs to use, where to find them, when and how to collect them, how to empower them and process them into a medical form, how to store them, how to administer them to whom, for what conditions, under what circumstances and so on - is an important example here.

There is clearly an intimate connection between the control of knowledge by healers and the nature and degree to which the healing experience is individualised. Recall that it is the actions of an individual (not necessarily the victim) rather than the group (or the structure of relations itself) which is considered to be responsible for sickness. The person who is sick is isolated from social networks. Obligations to participate in gift exchanges, co-operative labour groups, or to reciprocate hospitality are suspended during sickness. The person remains in his/her house, in a quiet, preferably darkened corner away from visitors who might bring shrendi with them and complicate the situation further. Sickness is, in fact, the only occasion when one's door can be closed to outsiders. Healing rituals tend to be private affairs, with usually only members of the immediate family present. Responsibility for lay referral, therapy management and care lies within the household. Patients often profess ignorance of other patients' experiences (just as healers often profess ignorance of other healers' methods or activities). There is little interest in "comparing notes" (and thus little opportunity to discover differences in understanding or even in speech between fellow sufferers). To the extent that "social therapy" can be said to exist at all, it constitutes an affirmation of the hierarchical status quo and the reincorporation of the individual within it rather than the opportunity to mobilise social networks or rearrange them in such a way that healing might take place. If sickness is seen to derive from agency rather than structure, healing is seen to be about the reaffirmation of structure rather than the quest for agency.

There is virtually no opportunity for self-diagnosis or self-treatment by the individual. Indeed, even healers themselves must depend on other healers for divination and management of causes when
they are sick. There are virtually no cases of lay possession (which, in Hindu societies, might be regarded as an opportunity for patients to express grievances that cannot normally be expressed. See e.g. Stanley and Freed) There are no subversive or ecstatic healing cults, and no evidence of the growing interest in 'pop' healing cults that is found in Kathmandu (and which reflect a growing disenchantment with traditional and allopathic healing systems - see for example, Skultans).

Healing rituals (especially those performed by high healers) are not particularly performance-oriented. Certainly it is difficult to argue that they are designed to engender an ambience that might facilitate the expression of emotions, the cathecting of suppressed grievances or the inducement of cathartic or gestalt-type experiences. (Note again that a patient need not be present at a ritual, and that the same ritual may be performed on a baby or animal). Indeed, psychological explanations of healing and notions such as the placebo effect are considered by the Sherpas to be, at best, strange.

There is little discourse regarding pain. The expression of pain is in fact considered to be counterproductive, in so far as it attracts the attention of shrendi who might complicate the sickness. I did not come across any cases that I can recall where efforts were made by healers to relieve pain directly, (although some of the local medicines have pain-relief qualities).

There is little pressure on healers to provide a 'prognosis' as part of the healing process. Causes either are effectively or aren't effectively managed. If they are, healing will occur. If they are not, it won't. The lack of responsibility for having to predict future outcomes of a particular therapeutic course of action, in the light of alternative possible scenarios, is, I suggest, an important means of ensuring that the healer's activities remain unchallenged.

In the next Chapter we shall explore how the control of knowledge constrains the choice of healers and therapeutic systems. I shall demonstrate that such factors as nature of one's relations with a healer, past experience, and proximity are more important in determining the process of health-seeking than any conscious weighing up of physiological factors, probabilities or cost benefits obtaining in a particular situation. 'Choice', if this term is applicable at all, is characterised more by what I shall call 'simplifying' and 'satisficing' behaviour rather than the formalist model of 'rational' maximisation of material self-interest. The apparent availability of multiple therapeutic systems does not, of itself, mean that Sherpas enjoy the situation of 'multiple choice' which is so important to a liberal view of 'freedom'. At the same time, the variation in and distribution of knowledge means that the health-seeking process varies considerably from individual to individual,
and case to case.

In sum, the Sherpas are dependent on the knowledge, attitudes, discourses, skills, equipment and so on of healers (and others) for virtually all aspects of the sickness and healing experience, beginning with the identification of symptoms, the determination of severity, advice regarding therapy management, care, the actual choice of healers, the diagnosis of causes, the implementation of therapy, even compliance and the determination of efficacy. The structure of knowledge-power relations ensures that agency in the health-seeking process remains well constrained and serves to reproduce that structure of relations, albeit imperfectly.

Since the introduction of monasticism, the dependence on healers and their control of healing knowledge has been consolidated. This coincides with an increase in the strength of classification and frame within healing knowledge (and in the dialectical relationship between the two). One result of this has been an increasing polarisation within the healing profession as a whole between the knowledge and discourses of the lhawa-minung and pre-monastic banzin and ngopa lamas on the one hand, and the more abstract, text-based, reified knowledge and discourses of the monastery-based lamas and monks (and amjis) on the other. The status (though not necessarily the utilisation) of the latter relative to the former has risen considerably in the last 20 or so years. Indeed, the R code used by the latter is different from, and perhaps more 'restricted' than the R code used by the former.

Also coinciding with the introduction of monasticism and the increasing classification and frame of healing knowledge is, as we have seen, the increasing status and significance of texts; the increasing polarisation of (and inequalities between) the literate and the non-literate (i.e. those able to read and write Tibetan); the increasing significance of a high, more formal sociolect and differentiation from the normal lay sociolect, (and thus decreasing opportunities for empowering healer-patient communication); the increasing exclusion of outsiders (non-Sherpas/Tibetans) from the field of healing; the increasing ritualisation of healing exchanges; the increasing significance of religious metaphors and symbols emanating from the texts within the healing process; the decreasing role of drama (particularly spontaneous) in healing rituals; the increasing significance of labels; increasing misrecognition of the sociopolitical nature of these labels (and healing knowledge and discourses more generally); increasing compliance, and - underpinning all of the above - the increasing authority of the religious elite.
Indeed, in some important respects, these changes have meant that healing knowledge has become more problematic for the laity. A number of informants commented to me that knowledge (or more accurately, 'thinking too much') is a source of sickness and misfortune. On one occasion a high lama said to me that

"No knowledge means you cannot do anything; a little knowledge means you think you can do everything; adequate knowledge means that you are wise about what you can and cannot do; but too much knowledge makes you crazy."

My unrelenting interest in discussing spiritual matters was said a number of times to be dangerous, or, at the very least, inappropriate. A high lama who took a special interest in my work, one day took me aside, handing me an old thangka of Zhembiyang, the goddess of wisdom, (holding in one hand a text and, in the other, a flaming sword "to cut off the ignorance of illusion") and taught me the Zhembiyang rigpa (literally 'knowledge', a mantra to recite as I meditated on the thangka). Gently but firmly he said to me,

"If you really want to understand, stop thinking and talking and start saying the Zhembiyang rigpa. That is the only true knowledge. Everything else is just food for a headache".

10.4 Sickness, healing and social control.

"Politics is medicine writ large" - Virchow.

Recall that the overt pursuit of political power is not a frequent phenomenon in Sherpa society, partly because of the covert control and authority in spiritual matters exercised by the religious elite; partly because of the emphasis Sherpas place on independence, autonomy and shared (and rotated) responsibility in material, worldly matters; and partly because political power is seen as somewhat contrary to the acquisition of merit and pursuit of a favourable rebirth (primarily achieved through withdrawal from worldly matters). Indeed, as we saw in Chapter 2, there are few forms of centralised, formal political organisation in traditional Sherpa society at all.

In this context, the role of healers and the religious elite in maintaining order - at the social, environmental and cosmic levels as well as the physiological, because of the perceived interconnectedness of all phenomena - is particularly significant. One lama explained it thus:

"In the past, the lamas and the lhawa-minung used to be able to control the shrendi because everybody was devoted to religion. Then, when everything changed, and people fell away from religion, the shrendi got stronger and the lhawa-minung could not control them. So we
invited the Rimpoche to come and now everything is much better, if you follow the Rimpoche."

What is important is that the exercise of political authority by the religious elite remains essentially covert and essentially conservative, and becomes problematic when it does not remain so. The Rimpoche at Thame occasionally explained to me the fine line he was expected to walk between, on the one hand, pursuing community development (e.g. hydro-electricity, community forestry etc. issues) and, on the other, not being seen to be overly interested or involved in mundane, polluting worldly affairs. (Note also Paul's 1976 account of a high lama who fell foul of the community for becoming involved in a legal dispute). The exercise of political authority, of course, is hardly surprising. Indeed, as Obeyesekere has said in the case of Sri Lanka;

"power, prestige and status are as important to the monk as to the layman. The monk has escaped from one social system only to be caught up in another" (In Leach 1968:35)

The point is that the relation between religion, healing and political power remains hidden (just as the sociopolitical dimension of spiritual knowledge, including healing, remains hidden) and that healing virtually always involves a return to the status quo rather than changes to it, and a reaffirmation of the authority of the religious elite rather than challenges to it.

Control of the process of diagnosis through divination is, I suggest, a particularly important means of covertly exercising authority, in so far as it enables the control of the production of labels of causes of sickness and misfortune, defines these causes as arising from the actions of individuals rather than from the structure of relations, and focusses attention more on the management of these causes rather than on the cure of symptoms in the bodies of individuals. Through divination, antisocial behaviour of various forms - illicit relationships, lies, gossip, stealing, uncontrolled anger and jealousy, and so on - can be revealed and dealt with, with less risk of lengthy, protracted legal battles, or the threat of revenge against the revealer from those who behaviour has been revealed (although, as we have seen, low healers are still vulnerable to these).

This is because the knowledge deriving from divination is regarded as axiomatic and self-constituted, rather than recognised as the product of arbitrary relations of knowledge-power. And this, in turn, is because of the control of such knowledge. The threat of sickness, of course, is a very effective form of sanction against antisocial behaviour, both in so far as its consequences are serious, and in so far as such consequences can be readily overcome, if one is prepared to submit to the authority of the religious elite. Through the control of divination, antisocial behaviour is both expressed and suppressed.
To conclude, I would like to indulge the reader's tolerance by presenting a summary of some of the major themes presented in this thesis thus far, in the form of a series of 'structural oppositions'. In line with all that I have said, my purpose here is not to suggest that these oppositions are in any way objectively 'real', nor even that they 'represent' any ethnographic 'reality'. On the contrary, they are very much my own arbitrary constructions, offered only as a tool for summary and clarification. Furthermore, the whole point of my analysis has been not to suggest that one component of an opposition exists independently of that to which it is opposed but, on the contrary, to demonstrate that, in practice, each exists only in so far as it articulates with, is interpenetrated by, and reaffirms the component which, according to this formulation, it is 'opposed' to.

The specific nature and consequences of the relationship between the components, as well as between the oppositions themselves, varies according to the context and over time. However, in line with what I have been saying, I would suggest that the relationship is weighted in favour of the components on the left hand side of the page. That is, for example, that while the structure exists only in so far as it is animated by and produced through agency, such agency is significantly constrained by and ultimately encompassed within the parameters inherent in the structure. Furthermore, that to the extent that agency serves to reinforce structure, that which is 'low' serves to reinforce that which is 'high', the 'secular' serves to reinforce the 'spiritual', 'T' exchanges serve to reinforce 'I' exchanges, and so on. I am acutely aware of the dangers of reductionism and reification inherent in the use of this type of analytical tool. I trust, however, that, on balance, and with the benefit of the preceding discussion, the benefits of this form of summary will outweigh the disadvantages and dangers.

PTO
TABLE 1: Summary of some of the forces operating in the Sherpa field of healing.

**COSMIC ORDER:**

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<tr>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Relations are pervasive,</td>
<td>Relations are problematic,</td>
</tr>
<tr>
<td>rigid, significant.</td>
<td>flexible</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Secular</td>
</tr>
</tbody>
</table>

**KNOWLEDGE:**

<table>
<thead>
<tr>
<th>Spiritual/interpretive</th>
<th>Technical/ secular knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge distributed</td>
<td>Knowledge distributed thro'</td>
</tr>
<tr>
<td>thro' R code</td>
<td>E code</td>
</tr>
<tr>
<td>Significance of metaphor</td>
<td>Significance of metonym</td>
</tr>
<tr>
<td>Knowledge perceived as</td>
<td>Knowledge perceived as</td>
</tr>
<tr>
<td>natural objective, axiomatic</td>
<td>arbitrary, challengeable.</td>
</tr>
<tr>
<td>Knowledge 'revealed/ consumed.'</td>
<td>Knowledge 'constructed'/ 'produced'</td>
</tr>
<tr>
<td>Knowledge controlled by religious elite.</td>
<td>Knowledge controlled by laity.</td>
</tr>
</tbody>
</table>

**RELIGION:**

<table>
<thead>
<tr>
<th>Transcendental other-worldly orientation.</th>
<th>Pragmatic, this worldly orientation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karma perceived to be determining.</td>
<td>Karma perceived to be manipulable.</td>
</tr>
<tr>
<td>Sutra.</td>
<td>Tantra / shamanism.</td>
</tr>
<tr>
<td>Celibate; monastery-based practitioners.</td>
<td>Married village based practitioners.</td>
</tr>
<tr>
<td>Textual tradition.</td>
<td>Oral tradition.</td>
</tr>
<tr>
<td>Tibetan linguistic medium.</td>
<td>Sherpa.</td>
</tr>
<tr>
<td>Few sources of religious knowledge.</td>
<td>Variety of sources of spiritual knowledge.</td>
</tr>
</tbody>
</table>

**SOCIOPOLITICAL ORGANISATION:**

<table>
<thead>
<tr>
<th>Communalism</th>
<th>Individualism.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harmony, order.</td>
<td>Conflict / competition.</td>
</tr>
<tr>
<td>Hierarchy.</td>
<td>Stratification.</td>
</tr>
<tr>
<td>'I' exchanges.</td>
<td>'T' exchanges.</td>
</tr>
<tr>
<td>Generalised reciprocity.</td>
<td>Balanced / negative reciprocity.</td>
</tr>
<tr>
<td>Kinship / descent</td>
<td>Other bases of affiliation.</td>
</tr>
<tr>
<td>Covert authority of religious elite.</td>
<td>Overt pursuit of status and influence by laity.</td>
</tr>
<tr>
<td>Status more significant than</td>
<td>Wealth as a source of status wealth.</td>
</tr>
<tr>
<td>Status is ascribed.</td>
<td>Status is achieved / acquired.</td>
</tr>
<tr>
<td>Emphasis on role.</td>
<td>Emphasis on encumbent.</td>
</tr>
<tr>
<td>Sanctions through norms.</td>
<td>Sanctions through threats; overt exercise of power</td>
</tr>
</tbody>
</table>
ECONOMY:
'T' exchanges.
Gift exchanges.
Risk aversion.
Control of resources is source of power.

'T' exchanges.
Commodity exchanges.
Entrepreneurship, innovative.
Control of resources is effect of relations of power.

HEALING:
'T' healing exchanges.
Emphasis on prevention.
Emphasis on causes.
Within emphasis of causes, focus on supernatural causes.
Focus on group well-being.
Objective is strengthening 'long life'.
Perception of severity determined by causes.
Emphasis on divination as major form of diagnosis.
Ritual
Spiritual intervention - noninvasive therapy.
Choice of healers imposed.
Lamas / monks.
Texts.
'R' code is rigid, inaccessible.
Dependence on healer / outside intervention.
Compliance high, uniform.
Perceptions of efficacy determined by pronouncements on causes.

'T' healing exchanges.
Emphasis on cure.
Emphasis on symptoms.
Focus on natural causes.
Focus on individual-bio physical health.
Objective is controlling threats to long life.
Perception of severity determined by symptoms.
Emphasis on physical examination.
Medicine.
Technical intervention - invasive therapy.
Choice sought.
Lhawa-minung.
Oral tradition.
'R' code flexible, accessible.
Opportunity for self-healing and negotiation with healer.
Compliance variable.
Perceptions of efficacy variable.

One of the purposes in providing this table is to draw attention to the link - though by no means a uniform or determining link - between aspects within the traditional healing system and the economy, sociopolitical organisation, religion and so on. Thus, for example, I am suggesting that the reliance on divination as a major form of diagnosis of supernatural causes by lamas and monks using texts that are framed in rigid and relatively inaccessible R code, is linked with the higher status and importance of the spiritual in perceptions of cosmic order, the perception that spiritual knowledge revealed through the texts is natural, disinterested and dependable, and the sense that it furthers both social harmony and unity and the spiritual wellbeing of the group. At the same time the increasing influence of the allopathic medicine and its concern with curing symptoms through
the diagnosis of natural causes through physical examination and invasive technical interventions, might be explained in terms of the opportunities that exist within the Sherpa universe for individualisation, transaction-based exchanges, pragmatic orientations and agency.

One final comment. I became aware of the significance of the control of discourse for the control of knowledge and thus for social control more generally only in the later stages of my fieldwork. I was therefore unable to focus much attention on the subject or to collect as much data in the field as I would now like. This thesis thus does not pretend to offer the final word on the subject of healing discourses, but rather seeks to demonstrate the value in pursuing it through the framework of power-centred approach, in further research.
CHAPTER 11:
THE HEALTH-SEEKING PROCESS.

The study of 'choice' provokes a somewhat ambivalent and uncomfortable response in anthropology. On the one hand, the demise of the more rigid formulations of 'structure' in the 1950s and 1960s led to a rise of interest in the notion of individuals consciously moving - and moving through - structures, in different ways, for different reasons, in different contexts. A rise in interest in the subject of 'choice behaviour' is one result. On the other hand, there is a widespread fear that this focus on the individual will metamorphose into a description of unfettered voluntarism, a vehicle for formalist economic theory, an apologia for a liberal view of 'freedom'. Indeed, until the emergence of practice theory as an 'ideologically sound' political force within anthropology, little attention was given to the notion that choice might be usefully conceived in terms of an historical, dialectical relation between structure and agency, a function of the means of achieving socio-cultural reproduction and the possibilities of change.

In this chapter I want to review some of the main elements and issues in the study of choice behaviour, exploring its usefulness in illuminating the health-seeking process of the Sherpas. (The term 'health-seeking process' is used in many different ways in the medical anthropological literature. Chrisman (1977), for example, uses it to refer to a wide range of phenomena, including symptom definition, 'sick' role behaviour, lay consultation and referral patterns, treatment actions, and compliance patterns. In this chapter I shall focus in particular on actual choices (if any) of healer(s), what is sometimes referred to as 'hierarchy of resort'). I argue that to the extent that the structure of Sherpa social relations is flexible and problematic in day-to-day life, and symptoms present real concern to individual sufferers, individuals seek to choose healers who, they feel, are most appropriate. On the other hand, to the extent that the sociopolitical nature of the structure of social relations (and the knowledge-power nexus on which it is founded), is both masked and remains essentially conservative, choices are significantly constrained. They are marked by a significant degree of 'simplifying' and 'satisficing', and are concerned with responding to the imperatives of a relational order rather than with the maximisation of self-interest alone. Indeed, the very notion of 'choice' is problematic, I suggest, when due emphasis is given to the issue of the control of knowledge and discourse. Certainly, no single model can hope to account adequately for all the various factors influencing the health-seeking process, even in individual cases.
11.1 Approaches to the study of choice behaviour.

In chapter 1 I distinguished between three major approaches to the study of the relation between structure and agency, namely: 1) the behaviourist; 2) the structural-functionalist; and 3) the power-centred, 'theory of practice' approach. Similarly, it is possible, I suggest, to distinguish between three major approaches in the study of choice behaviour within the health-seeking process:

1) **The decision-centred approach:** This approach focusses on the individual as a purposive actor and decision-maker, and the process by which s/he arrives at a particular choice of healers/therapies. The dominant theme within this approach is that choice is assumed to be 'rational'. That is, an individual consciously and voluntarily explores and chooses from a number of possible alternatives, in light of readily accessible and relevant information, and as a result of well-developed skills in processing and applying this information in an 'objective' manner. The assumed focus is on alleviation of symptoms, and the assumed aim is to 'maximise' utility, to behave 'economically', and to achieve an 'optimal' state of individual 'health'. Closely linked with formalist economic theory, this approach has been dominant in the medical and behavioural sciences. Target populations of study have generally been those in the Western world. The result - if not in fact the underlying objective - of such studies has been the reinforcement of a biomedical approach to healing.

2) **The structure-centred approach:** This approach explores the sociocultural system in which the health-seeking process is assumed to be embedded, and emphasises the limits which this system imposes on decision-making, rather than the quality of the decisions themselves or the individuals who make them. The 'system' is often represented as internally consistent, functional, and more or less static. The emphasis is thus on the search for logical patterns of choice that mirror the logic of the systems themselves. Founded in Durkheimian structural-functionalism, and aligned more with substantivist economic theory, this approach has been more popular in medical anthropology and sociology. Implicit has been the idea that assumptions about interest and motivation are not necessarily translatable across culture; that differences between 'traditional' exchange-based healing systems and those located within 'modern' market economics are so great as to make invalid any description of one in terms of theories and categories defined by the other. There is a tendency to idealise traditional systems, to regard them as inherently providing the social and spiritual dimensions of therapy seen to be lacking in allopathic systems, and to assume that the pursuit of individual well-being is dependent on the pursuit of group well-being and the
securing of order within the system.

3) The power-centred approach: This approach focusses on the political economy of healing; on choice as a mis-recognised expression of a relation of power; on how healing serves, therefore, as an instrument of social control. While power itself is approached and defined in a number of ways, the underlying concern is to explore the nature and degree to which healing serves the interests of a particular group of individuals, a class, or an ideology. Ironically, little attention has been given to the role of individual actors in transforming - and themselves being transformed by - these interests and the structures through which they are reproduced. Even less attention has been given to the significance of the nature, variation, distribution and control of knowledge and its role in facilitating, channeling and constraining choice behaviour. As a result, there has been a virtual absence of analysis concerning the importance of self reflexivity and the subjective nature of the existing discourse relating to choice behaviour. The dominance of the biomedical paradigm continues to be felt even in analyses which purport to challenge it.

Let us review the development of these approaches a little further, within the context of the development of choice theory more generally.

Decision theory has its origins in the works of early behavioral scientists such as Thurstone (1931), Allport (1935), Rosenberg (1956) and Festinger (1957) on the relation between beliefs and behavior. More recent approaches such as Fishbein and Ajzen's theory of 'reasoned action', and Wright's (1982) subjective expected utility model have somewhat refined earlier concepts, but even a quick perusal of this literature shows some glaring problems. The emphasis on the clinical experimental approach meant that experimental environments were tightly controlled, with very little semblance of the arbitrariness and complexity of real world situations, and little recognition of the difficulties inherent in extrapolating from one environment to another.

Inadequate attention was given to the impact on choice of varying perceptions of risk; to how a choice might vary in 'normal' versus 'crisis' situations, or to how choice might change in situations of uncertainty. Inadequate attention was given to the fact that the same individual may take risks on some occasions but avoid them on others; that groups may make choices; that 'no choice' is an important choice; that kneejerk responses and carefully explored choices are very different phenomena; that changes in choices may well merely reflect changes in tastes. Indeed, changes in choice over time were rarely adequately
explored. Decision theory has increasing difficulty with accurately predicting low frequency, high risk, highly important decisions. It does not adequately account for such features as nontransitive ordering of choices, simplifying, satisficing, habituation, feedback effects, and so on.

Decision theory relies heavily on elicited verbal responses from informants and experimental subjects. Such responses, however, are rarely seriously scrutinised in terms of their reliability, the nature and significance of any underlying motivations, the nature and impacts of the discourse in which they are expressed, or the degree to which they accurately represent behaviour in real-life situations. To the extent that values are examined at all, they are often used to explain behaviour, yet are in fact inferred from precisely the same behaviour they seek to explain. Assumptions of human cognitive capabilities of tendencies towards probabilistic problem-solving strategies, of the nature of 'rationality', the striving for maximisation of utility and so on, were seldom seriously challenged. Even decision theorists have commented that decision theory

"has led to the sobering conclusion that in the face of uncertainty man may be an intellectual cripple, whose intuitive judgments and decisions violate many of the fundamental principles of 'optimal behaviour'". (Slovic, quoted by Wright 1980:114).

Fjellman comments that "by definitional foreclosure, decision theory has begged the question of what a decision is, and what it means to make a decision (75).

Just as important for anthropologists, the problems of crosscultural application of decision theory were seldom considered. The assumption of the universality of market-based economics and entrepreneurial motivations is seldom seriously challenged. The cross-cultural translatability of concepts such as 'rationality' and 'objectivity' was never satisfactorily resolved. The problems raised by issues of cultural relativism were never fully explored.

The "new ethnography" school, led by Goodenough (1957) and Frake (1964) attempted to overcome some of these problems, arguing that the minimal conditions in a particular given socio-cultural context by which decisions can be predicted and understood should be focussed on, rather than the decisions themselves. This approach, however, satisfied neither the structural-functionalists nor the behaviourists. Geoghegan's "new" new ethnography arose, for example, from what he saw as the failure of the new ethnography to achieve its aims. Geoghegan argued for a focus on the culture-specific cognitive processes involved in organizing and applying principles underlying attitudes and behaviour, rather than on the principles themselves.
Meanwhile, the work of Polanyi, Dalton, Sahlin's and others in economic anthropology (see Chapter 4) was challenging the formalist model of economic man (i.e. man as universally and inherently self-interested, materially-oriented, and relatively uninfluenced by past obligations and social norms). Here, however, there was still something of a fallout between those who looked at the nature of choices and those who looked at why there were no choices to make; between those who emphasized the internal logic and "rationality" of traditional systems of exchange and thus of choices influenced by them (for example Heath 1976) and those who focussed more on the political economy of such systems and how they exercised control over choices. As Fjellman has argued:

"The rationality we so assiduously attempt to uncover is rooted in our notion of economic man as competitor, entrepreneur, utilitarian, maximiser of individual equity. Those who take it on faith that all people are rational in some way... see fit to bring pieces of 'traditional culture' - kinship obligations, religious duties, political exigencies into our definition of utility when the natives do not seem to be behaving economically" (83).

'Rational choice' exchange theorists - like decision theorists - tended to focus on situations where real and satisfactory alternatives existed (i.e. where time and ability enabled the weighing up of viable options on the basis of accurate available information even though these are constrained by socio-cultural factors), while power theorists tended to emphasise situations were such alternatives were lacking (because of the unavailability of viable options, information, cognitive capacity, or time).

In a sense, then, the rational choice theorists and political economy theorists have been talking past each other. This is unfortunate because clearly neither the extreme "social-political" man nor the extreme "economic" man exist in real life. Or rather, all persons and systems incorporate at least some elements of these extremes in some situations at some times.

In situations of uncertainty and risk, choices can often be seen to be concerned with what Simon (1978) refers to as "satisficing", rather than with maximising. According to this pattern or 'principle', an individual's decision-making efforts end not when the option of greatest utility is found but rather when a particular option exceeds a particular level of aspiration (that itself adjusts to the value of all available options). The cognitive processes presumed by the decision theorists to be involved in calculating utility maximization are simply too complex, and don't adequately account for other variables and influences. Information itself - where it is accessible and relevant at all - may in fact complicate as much as facilitate
the process of making a choice, and may therefore be treated with some ambivalence. Thus, simplifying is also a common principle in choice behaviour (Quinn 1971), (Young 1981).

Scott's "moral economy" model and Geertz' notion of 'shared poverty' appear in some ways to be based on the 'satisficing' principle. The moral economy model argues that peasants (in S.E.Asia) are led by a rational 'safety-first' principle, rather than an investment-logic, utility-maximisation principle (as suggested, for example, by Popkin), particularly at times of uncertainty and risk, and even at the cost of suffering and exploitation. That is, as long as their basic survival as a group is guaranteed by their 'patrons', peasants are prepared to engage in relations of production which reproduce their relative poverty and dependency. They are concerned first and foremost not with achieving rises in socioeconomic status but with avoiding falls. Anti-market orientations are dominant, and innovations and new techniques involving risk will be rejected, not because of inability to recognise or understand their value, or because of poor intragroup leadership (as Popkin suggests) as much as because of a positive regard for and faith in traditions. Even if a moral contract with a patron is broken, the ensuing rebellion will seek to re-establish traditional patron-client relations rather than pursue a new order. The capacity to calculate risk is finely developed, but security remains the fundamental objective. Says Scott:

"The closer to the line a family is - provided it is still above it - the less its tolerance for risk and the more rational and binding the safety-first principle becomes." ( :22).

Now, at first glance the moral economy model may appear to resolve some of the problems inherent in decision theory, but it soon becomes problematic when we ask whether, in the sorts of exploitative situations with which the model is concerned, peasants really do have (or make) the choice to "remain poor". The tendency of this model to 'blame the victim', to accept that patron-client relations are 'moral' to systems of exchange and so on, and to emphasize attitudes rather than restricted access to resources, serves to divert attention away from the fact that the dominant relations of production (and of reproduction) effectively deny peasants the opportunity for conscious, voluntary and informed choice. The model is concerned with the manner of exploitation rather than the degree, with what is left rather than what is appropriated. The model ignores the ways in which the penetration of market forces is furthered by the conscious maintenance and manipulation of elements of traditional systems of exchange that mediate the tensions arising from penetration, and serve to reproduce a situation of surplus labour which can be exploited by capital-serving interests (and which render mechanised technology somewhat problematic).
Furthermore, the model is unable to account for the degree to which risks are taken, and innovations are adopted, when real opportunities allow. Traditional exchange systems are not always as ideal, logical, functional or stable as analysts might suggest, nor are they always seen as such by participants themselves. The model, in fact, winds up reinforcing both the laissez-faire, 'noble savage' approach and serves to legitimate the 'trickle-down', 'modernisation' approach to aid and development, based on the view that the masses will not take on innovations until their benefits can be demonstrated among the few. In fact, many peasant communities demonstrate considerable entrepreneurship and willingness to innovate, given the constraints of poverty and inequality under which they suffer. A rejection of the moral economy model is thus, implicitly, also a rejection of the formalist-substantivist dichotomy, and paves the way for a study of choice based on analysis of the dialectical relationship obtaining between structure and agency in specific historical situations.

11.2. Approaches to the study of health-seeking

Decision theory has enjoyed strong support in the medical world, concerned as it is to explain - and thereby facilitate the control of - the selection of particular therapeutic alternatives. Becker et al's 'health belief model', for example, posits a close relation between an individual's belief and behaviour, particularly where perceived susceptibility to sickness is high, where the severity of the illness is great, and where the benefits accruing from a particular behaviour are seen to be significant. This model has, however, been challenged by a number of researchers. Calnan's application of the model, for example (to the explanation of knowledge and use of breast self-examination techniques) led to his conclusion that there is no necessary relation between beliefs and behaviour even when the conditions of the health behaviour model are met. Calnan (1986) demonstrated that the most recent behaviour perceived as producing a successful outcome was the most significant determinant of subsequent behaviour, rather than belief. (This is what Tversky and Kahneman, 1974, call the "availability factor").

For Ajzen and Fishbein (1980), the problem with the health behaviour model is the absence of consideration of the nature of social norms, the subjective nature of the beliefs surrounding these norms, and the way in which these affect choice. Their model emphasizes intention as the immediate determinant of action and considers both behavioural and normative beliefs to be the starting point of the decision-making process. Explicitly rejecting the notion that behaviour might be controlled by unconscious motivations or thoughtlessness, Ajzen and Fishbein argue that it is possible to predict behaviour on the basis of the relative strengths of attitudes and norms.
While decision theorists were busy focussing on individuals and health-seeking as a single behaviour, sociologists and anthropologists were busy focussing on groups, and health-seeking as a complex, culturally-embedded process. Parson's (1960) "sick role" mode, in which illness was regarded as deviant behaviour and healing as conforming behaviour, paved the way for subsequent studies such as Twaddle's (1969) examination of sub-cultural variations of the sick role (e.g. the specific subcultural factors influencing the point at which a person is defined as 'sick', such as onset of pain, versus experience of strange events, versus actual incapacitation and so on). Mechanic's (1968) list of ten 'culture-based factors' in health-seeking (ranging from perceived severity to frequency of appearance of symptoms, from access to information to competition between interpretations, from tolerance thresholds to availability of treatments) and Andersen's (1975) exploration of how what he calls 'predisposing' and 'enabling' factors combine with both personal and clinical evaluations of need in determining choice. Other areas explored were the nature and significance of the healer-client relationship (e.g. Freidson 1970, and Svarstad 1976), the impact of intragroup communication and support processes (e.g. Chrisman 1977), and variations in health-seeking according to ethnicity (e.g. Zola 1966), class (e.g. Mechanic 1968, Freidson, 1970) and so on.

The emphasis in these studies on the process of health-seeking paralleled and reinforced epidemiologists' concern with the natural histories of disease, and was designed to provide a better understanding of the relationship between 'disease' (defined as objective dysfunction) and 'illness' (defined as socio-culturally influenced subjective experience of that dysfunction). The general assumption was that health beliefs and behaviours were well integrated into their sociocultural and economic contexts, but the emphasis was still on individual choice. However, the nature and degree of congruence between individual health beliefs and behaviour and their socio-cultural and economic context soon came to be questioned and, with it, whether "choice" was an appropriate concept at all.

For many, the very focus of choice behaviour studies overemphasised patients as consumers of health, without adequately exploring why they are not also its producers. This concern contributed to the belated development of the power-centred approach to health and healing, the politics of medicine, the notion of 'medicalization', and recognition of the important link between health and national and international economies (e.g. Illich, Djurfeldt and Lindberg, Taussig). Finally, the nature and significance of 'health' itself came to be questioned. In 1979 Twaddle pointed out that
"the salience of health must be assessed relative to other goals. Thus while there may be broad consensus that health is desirable, it does not necessarily follow that health has the same priority in all contexts" (1979:152).

Nor does it follow that everyone shares the same notions of what health is, and how it can be achieved.

With a few notable exceptions, studies of sickness and choice behaviour in non-Western communities have tended to conform with the dominant models developed in the West, and have not greatly added to our understanding of how power influences the health-seeking process. Foster (1958) focussed on causes, arguing that choice was influenced primarily by perceptions of whether causes were 'natural' or 'unnatural'. Gould (1957) focussed on symptoms, arguing that choice was influenced primarily by perceptions of whether conditions were 'chronic' and 'non-incapacitating' or 'critical' and 'incapacitating'. Colson also focussed on perceptions of the degree of severity of, and threat contained in, symptoms, while Maclean (1969) saw choice as being determined by the nature and rate of acculturation (see also Mwabu). Hou (1955) saw choice in terms of 'shotgun' responses without any grand rationale. Janzen (1981) focussed on the impact of social relations on therapy and the perceived social basis of causes, while I.Lewis focussed more on the availability of 'peripheral' healing cults, providing opportunity for the expression of otherwise suppressed grievances through possession.

Fabrega's "illness behaviour" model (1974) based on research among the Indians of South America, focussed on the cognitive and affective processes by which decisions are made. The first stage he identifies in illness recognition and labelling, followed by several stages in which the illness "disvalues" are computed and the probability of relief of disvalues, the potential benefits, the costs and the net utility associated with each treatment plan are all calculated. A particular treatment plan is then implemented on the basis of one of several possible principles of choice such as highest benefit, lowest cost, highest utility and so on. According to Fabrega,

"the basic assumptions are that illness is undesirable, that illnesses are apprehended as discrete occurrences by means of a special language or taxonomy of illness, that persons are rational, that they will evaluate an instance of illness using economistic or utility considerations and reach a decision regarding the best or optimal action that might eliminate the illness" (1974:175).

While claiming to account for the 'social dimension of illness', the seeds for this model are clearly formal economics and the study of risk-taking.

Young (1980/81) has developed a model of medical choice in a Mexican village based on what he regards
as the shortcomings of Fábrega's model and others like it. These shortcomings are, in brief, the complexities of the calculations which the model claims patients perform, the resulting unwieldiness of the model, and its assumption of the maximization principle. Young's model emphasizes principles of simplification and satisficing, i.e. optimal choices are not always or even routinely explored or made. Using the techniques of paired comparisons and hypothetical situations, Young developed what he regards as the major underlying considerations or "conditions" involved in villagers' choices of healers and, on the basis of these, tested the actual data he collected. Table 1 summarizes the model for first choice of healer. A similar model is used to predict second choice.

**Table 1**

Young (1980): Model of prediction of first choice of healer

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<tr>
<th>RULES</th>
<th>1</th>
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<td>Conditions</td>
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<td>1. Gravity</td>
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<td>2. Home remedy known</td>
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<td>3. Faith</td>
<td>F</td>
<td>M</td>
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<td>M</td>
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<td>M</td>
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<td>4. Accessibility Choices</td>
<td>N</td>
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<tr>
<td>a. Self</td>
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<td>b. Curer</td>
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<td>c. Practicante</td>
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<tr>
<td>d. Physician</td>
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The table is interpreted as follows: rule 1 states that where the perceived gravity of the illness is low and a home remedy is known, the first action will be an attempt at self-cure. Rule 2 states that where gravity is low but a home remedy is not known, and the patient has faith in traditional healing systems, a curer will be the first choice. Similarly, rule 8 states that where gravity is high, where there is faith in modern medicine, but such medicine is not accessible, a 'practicante' will be chosen first. And so on. Young claims 94.7% accuracy when his model is applied to his data on first choices (and 84% accuracy for second choices). Young claims to have proven that Mexican villages really do choose rationally and that their choices really can be predicted.

11.3 The health seeking process among the Sherpas.

At this point, I would ask that the reader review the data and analysis on Sherpas' choices of healers (in Chapter 9.3). Perhaps the single most important conclusion from this data is that, while certain trends in patterns of choice behaviour can be identified, no single factor can be disaggregated from the rest in explaining or predicting such trends without grossly overgeneralising and oversimplifying both the pattern of choice behaviour itself and the sociocultural context in which it is embedded. Variables included residence (and proximity to particular healers), gender (e.g. women tended to consult lower healers than did men), the strategic and economic importance and status of the individual within the household, age (the elderly tended to choose higher lamas and monks because of their concern with approaching death and rebirth), education, wealth, clan/ethnic origins, occupation, and so on. There was also much variation in choice behaviour over time.

Patients themselves did not attach importance to these variables in the same way that I did. According to patients, choices are determined more by such factors as the perceived nature and identity of the cause, the nature and perceived severity and seriousness of the symptoms, the availability or otherwise of a high healer, the nature and strength of one's relations with healers (i.e. whether relations were tethup or metho), past experience and family tradition. Again, however, there was much variation in patients, stated explanations of variables in choice behaviour. In a number of cases, subsequent discussions revealed very different explanations from those provided in previous discussions. The sheer number, variation and complexity of both stated and observed factors in choice behaviour warns against the use of single models for interpreting and predicting choice.
Choice behaviour does not necessarily correlate strongly with either a person's stated respect for particular healers, nor their intentions to comply with their prescriptions. During a particular sickness episode, the determination of which symptoms are worthy of a response and which can be simply lived with, and the determination of the point at which a healer is actually called varies considerably, although the sense that relations between the social and spiritual realms have been disturbed appears to be particularly significant here. The degree of certainty which patients express with regard to the appropriateness of their choices also varies considerably, although there is a tendency for greater certainty in situations where high healers are chosen. There is noticeably less certainty expressed with regard to allopathic medicine than with traditional Sherpa healers (although, again, actual observed choices do not conform closely with intentions).

Multiple choice is regarded as somewhat problematic, and is not seen as an opportunity to actively manipulate the healing system. The opportunity for agency (and the role of lay referral / therapy management groups) decreases significantly once a choice has been made, and virtually never will a person responsible for therapy management advise or act in such a way that undermines the authority of the healer chosen. In sum, the whole area of choice behaviour is at once both highly complex and variable, and yet also highly constrained. In recognising the degree of variation that occurs we must also recognise that such variation is not simply ad hoc. Rather, it occurs within the context of parameters set by the structure of relations of knowledge-power.

One of the first issues arising from this data is a methodological one - that of determining whether our informants' knowledge and responses (or our interpretations of them) are, in any 'objective' sense, accurate, and therefore whether they can be used to 'predict' behaviour. This is clearly important, given our reliance on informants' responses (in most studies of choice behaviour such responses are the only source of data used). And yet many studies fail to address this issue, preferring instead to assume the reliability and representativeness of informants' responses, and explaining variation as methodological anomalies (or perhaps 'contradictions', somehow inherent in the healing system itself). In doing so, they skate blithely over the highly significant and complex issues which the relation between knowledge / attitudes / beliefs and actual behaviour presents. They also, of course, beg the question of our capacity to elicit, record and understand - let alone analyse and judge - informants' resposones, and the whole issue of how our personal biases/experiences may influence the interpreting of events.

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Janzen (1978) noted in his study of the health-seeking process in Zaire that while his informants' knowledge and responses were inherently subjective, it is precisely this characteristic that makes them so valuable. That is, in exploring what gives rise to the subjectivity of knowledge and responses, one is also able to explore the relation between knowledge/responses and actual behaviour in the context of social norms and processes. Janzen concludes however that the complexity and dynamic nature if this relation makes the use of rigid decision models somewhat problematic. Young (1981), Ajzen and Fishbein and other decision theorists would of course, argue against this. Young, for example, implies that knowledge about sickness and healing is well developed and more or less evenly distributed throughout the community, and thus that informants' responses are valuable, and useful in the construction of decision models. According to Young, this is particularly true in the case of less complex and traumatic conditions.

Sherpas' knowledge and responses however, clearly do not support this view. It is highly debatable whether Sherpas have available to them - or even value - the kind of objective information about sickness and healing that decision models require and assume. This is partly because such knowledge is inherently interpretive spiritual knowledge, and communicated in an 'R' code, access to which is restricted to healers and the religious elite. Even if they do have access to such knowledge, it is highly debatable whether they are free as individuals to process it in the systematic 'rational' way required by decision models. The notion of autonomous individual actors consciously weighing up personal beliefs about social norms and then voluntarily choosing from among readily accessible alternatives simply does not adequately deal with the constraints which the structure of knowledge - power relations place on choice in the Sherpa situation.

Furthermore, there is, as we have seen, a substantial and significant difference between what Sherpas say when they are well, healthy and sick, regarding what they will do in response to sickness (with a greater uniformity of response occurring when they are sick). There is an even bigger and more significant difference between what they say at all, and what they actually do (with behaviour appearing to be more conforming than stated intentions). The origins, specific nature and consequences of these differences are fundamentally important, and are bound up with the control of knowledge and discourse about sickness and healing in Sherpa society. Responses with regard to less complex and traumatic conditions are, if anything, more variable and problematic than others, partly perhaps because assessments of what is complex and traumatic are themselves so subjective and change so fast.
Central here is the opportunity which patients have to share, articulate, analyse and evaluate their own knowledge, attitudes and beliefs with each other and with healers. As indicated however, few such opportunities exist for most Sherpas, because of the control which healers exercise over healing knowledge and discourse, the divination of causes, the application of labels, the prescription of therapies, and so on. Healing knowledge becomes sanctified, regarded as beyond critical analysis, and its arbitrariness misrecognised. The sociopolitical consequences of this - i.e. the increasing dependence of patients on healers and the production of the hierarchical structure of relations and socio-cultural order they serve - are masked.

Choosing a healer under these circumstances is very different from choosing a brand of icecream from the supermarket shelf. As Parkin has commented, choices under these circumstances "are set in ordered categories of social and personal meaning over which the individual per se has little if any control... the constraints on choice are the limitations of any grammar of communication" (1982:164).

While a multiplicity of healers may exist, and a multiplicity of variables affect how such healers are chosen, choice behaviour is clearly constrained by the structure of knowledge-power relations, and has important implications for the maintenance of order and social control more generally.

Young's model is perhaps the most promising of the decision models I have looked at here, partly because of its concern with simplification, and its recognition of the possibility that 'satisficing' rather than maximization is the likely motivation in a situation in which aims and aspirations are constrained through restricted access to the relevant knowledge and discourse. But Young's model has some important other shortcomings when applied to the Sherpa data. Firstly it is unable to account adequately for choice in a situation of multiple concurrent sicknesses. Such a situation is common in the illness experience of Sherpas because of the potential for multiple causes to be involved in sickness. Nor can it account for concurrent choices i.e. the choice of two types of healers simultaneously, with little concern re order of treatment. Such a situation is not entirely uncommon in the health-seeking patterns of the Sherpas. Thirdly, it has difficulty in explaining exceptions to and variations in the rules that it posits and relies on. These exceptions and variations are, as I have shown, significant in the Sherpa case. It has difficulty in accounting for its decrease in predictive accuracy for second and subsequent choices, choices with which we must be very concerned in the Sherpa case, given the frequency of such choices. Nor does Young's model adequately explore the possible reasons for why no choices are made (recall that such cases constitute a low but nevertheless significant 8% of the episodes I studied).
Historical factors and the nature and impact of change are not considered, resulting in an essentially synchronic model which is neither sensitive to nor useful in explaining the variations in choice over time that are manifest in the Sherpa data. Other variables such as age, sex, occupation, education, socioeconomic status and so on, are ignored. The important condition of 'faith' in Young's model, as Young himself acknowledges, is not adequately dealt with. Determinants of efficacy and how these are influenced by the control of knowledge are given little attention. While simplification and satisficing are held to be important, Young's model does not really explain how or even why this is achieved, nor how satisficing can be a satisfactory response in life-threatening situations. The problem of less predictive accuracy for other similar low-frequency, high-significance situations is never fully resolved. When, how, and why the 'sick' label is applied at all is not adequately explained.

If, as I have argued, there is a direct correlation between systems of exchange and healing, then this correlation needs to be explored in any model of health-seeking behaviour, but Young's model does not do this. Nor does it examine the complex relation between choice and agency in secular economic transactions and that in spiritual exchanges. The fact that choices - and exchanges more generally - tend to be more fixed at the poles of hierarchical structures of relations (see e.g. Marriott in Parkin) is not explored. The complex impact of increasing commoditisation in the economic sphere on social and spiritual exchanges is not accounted for. In fact the assumption that one can extrapolate from the economic to the social and spiritual spheres (and vice versa) at all is clearly problematic in the Sherpa case. Finally, Young's model is so focussed on the individual that the role of the group in the decision-making process and the sociopolitical dimensions of this role are not adequately dealt with.

Now, it should be noted that Young himself acknowledges that his model cannot fully encompass such a complex phenomenon as choice behaviour, and regards it as more of a catalyst for further research. But then why expend so much energy on developing decision models at all? Is predictive accuracy really such a big deal, even if it were achievable? Is it not perhaps more sincere and constructive to acknowledge that the health seeking process cannot be fully understood within the limits of one single model, and simply leave it at that? Moreover, is there not a real danger in models overtaking the reality which they seek to describe, analyse and predict? Bourdieu has commented that "to consider regularity, that is, what occurs with a certain statistically - measurable frequency, as the product of a conscious laid-down and consciously respected ruling...or as the product of an unconscious regulating by a mysterious cerebral and/or social mechanism, is to slip from the model of reality to the reality of the model". (1977:29).

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In focussing more on the externally conditioned 'rules' by which individuals make decisions, Young has advanced beyond the intellectualists' focus on the cerebral, but in the process has still failed to appreciate the complex interpenetration of structure and agency, and has thus provided us a model into which data is homogenised and fitted, rather than a vehicle for appreciating the richness of the data itself.

Fjellman, in his critique of the assumptions of rationality and maximization in decision theory, writes that:

"A cultural tradition of liberal individualism, focused through personal experience, with a social and philosophical emphasis on individual action and responsibility, has led some of us in the Anglo Saxon world to place undue emphasis upon images of people as autonomous decisionmakers."

(:90)

What is so ironical here is that this emphasis on the individual coincides with a reliance on models which assume (and serve to reproduce) an underlying commonality of choice and motivation, while an emphasis on the group/system coincides with a reliance on models which assume (and serve to reproduce) an underlying commonality of constraints on choice and motivation. Within decision theory, an objectified and reifying approach to 'reality' - itself with capitalist relations of production - gives rise to an uncritical acceptance (or perhaps conscious reproduction) of the formalist idea that the notion of the "economic man" can be applied universally. The proponents of decision theory need to understand the health-seeking process so that it can be controlled, and assumptions of the economic man are its method.

Yet decision theory can only illuminate choices to the extent that its assumptions are valid. It leaves us ill equipped to deal with the question of choice in a reality which is founded upon the subjective perception of interconnectedness and interdependence between all phenomena, which is animated not by objects but by the relations between them and control of the knowledge enabling their manipulation, and which may therefore effectively deny the opportunity for 'economic' responses, defined in formalist terms. Decision theory clings to a kind of 'pensee bourgeoisie' (to use Sahlin's term), lacking in both political sensitivity and self-reflexivity; a static, somewhat bland and overly reductionist representation of intra and cross-cultural uniformity.

The structural functionalist and systems-oriented approach, on the other hand, also serves to objectify and reify sociocultural reality, albeit through an emphasis on the internal logic of systems, and recognising the variance of these systems across cultures. The notion that decisions are made not by individuals but by systems may be intellectually stimulating, but is difficult to square off with one's own experiences and observations of the real world during field work. Indeed it also discourages the expression of self
reflexivity in analysis. It results in representations of individuals as passive components or victims of homeostatic structures, rather than as active participants in its reproduction and transformation.

Clearly, an approach is required which, in acknowledging the constraining influence of structure, also acknowledges the variation which its interrelation with agency produces. And, if differential access to knowledge and discourse can be shown to underly such variation, then the means by which THIS knowledge has been constructed and communicated must surely be relevant. Yet both decision models and structural models fail to explore either the origins or the consequences of their own construction and the relation which such models claim with reality.

I am not, of course, suggesting that Sherpas are not 'informed', or 'rational', or 'economic' in any absolute sense, but rather that these are subjective labels, deriving from and serving are subjective to reproduce a particular paradigm of reality and human behaviour that itself is subjective, arbitrary, intrinsically powerful, and highly problematical when applied cross culturally. Nor am I suggesting that the constraints on choice lead to behaviours that are not somehow not pragmatic. I have already shown how, within the context of of an interconnected, hierarchical view of the universe, acceptance of one's dependence on healers and submission to the authority of the religious elite may be seen to be very pragmatic. Finally, I am not suggesting that Sherpas cannot engage in competitive, materialistic, or even socially threatening behaviour. Clearly they can and do. However the underlying dialectic between individualism and communality, competition and cooperation, materialistic endeavours and spiritual concerns (and the structure and agency more generally) remains.

To the extent that this is so, the very notion of 'choice', as expressed within decision theory, problematic. That is choice cannot be understood or predicted in terms of an individuals motivation alone. Rather, choice is better understood, I suggest as a relation: a relation between people but also a relation between structure and agency, a function of the nature and decay e.g. control of the means of producing and distributing the relevant knowledge enabling agency in particular historical contexts. It is time then that studies of health-seeking shed themselves of the stricures of the formalist decision model paradigm and the structural functionalist paradigm, and instead embraced the challenges implicit in a self-reflexive theory of practice and analysis of the knowledge-power nexus.
11.4 Conclusion

One final thought in conclusion. Let us assume that the problems I have raised here about decision models can be overcome - i.e. that a model of choice can be developed which accurately accounts for the range of variables in a large majority of cases over time. One problem still remains, and perhaps this is the most significant of all. There is a real possibility that the knowledge that such a model may generate may not be used, or may not be used effectively. Or, even worse, that it could be abused by external interests to facilitate the penetration of an alien system which - consciously or otherwise - winds up exploiting the people it supports to help. The recent interest in using knowledge about cultural beliefs etc. to market new drugs, and to mobilise traditional healers to serve as vehicles for allopathic health services - often with disastrous results - are only two examples of such abuses.

Alternatively, there is the possibility that traditional healing systems are idealised through such knowledge; that the disempowering effects of knowledge-power relations in these systems is misrecognised or ignored; that a paternalistic, 'noble savage' mentality is engendered among albeit often well-meaning outsiders wishing to protect and preserve what they perceive to be an alternative, holistic, less violent, more sustainable approach to sickness and healing, one which gives due attention to the interconnectedness of all phenomena and and inherently subjective, relational nature of relations.

The pursuit of health - defined holistically - may be facilitated by such an approach. But it cannot be assumed that this approach in fact exists except perhaps in the mind of the outsider), or at least, that it is applied in practice. Certainly, the pursuit of holistic health cannot be facilitated by reproducing that hierarchical structure of knowledge-power relations in which the average lay person is denied control over the knowledge and discourse by which such reality can be apprehended (let alone constructed), and its promise of healing released. Certainly there is no guarantee that traditional Sherpa healers will want - or be able - to address the sociopolitical dimension of sickness and healing in a way which empowers their clients in any long term, meaningful way. Until those suffering from sickness are able to produce for themselves the knowledge which will enable their healing, they will remain dependent on a healing system which - whether it heals or not - serves ultimately to reproduce the structure of relations in which sickness itself is produced and experienced.

V. Turner once wrote of the Ndembu doctor seeing his task
"Less as curing an individual patient than as remedying the ills of a corporate group... the patient will not get better until all attentions and aggressions in the group's interrelations have been brought to light and exposed to ritual treatment .... the raw energies of conflict are thus domesticated in the service of the traditional social order." (Forest of Symbols 1971 :392).

A power-centred approach suggests that this view of traditional healing may be very idealistic. In the Sherpa case, conflicts may be "dealt with" through healing, but they are not necessarily resolved, at least to the satisfaction of all parties. Relations are problematic and remain such. The idea that traditional healing necessarily illuminates and de-reifies social relations and thus liberates is therefore a somewhat naive idea, for healing is itself a product of those relations.

Taussig once wrote, with reference to allopathic medicine, that

"it is not the cultural construction of clinical reality that needs dragging into the light of day, but instead it is the clinical construction of reality that is at issue." (1980:12).

That is, it is not so much the healing system per se that disempowers as much as the approach to reality itself, the structure of relations of knowledge-power upon which it is founded. In the move from an understanding of the 'cultural' bases of choice to the ways in which choice reflects and reproduces 'culture', it is important to remember that a relational approach to reality is as much a paradigm - with all the potential for hegemonic control that paradigms imply - as is an objectified reality. The task is to expose all realities - whether objective or relational - as paradigms. Perhaps this is the ultimate challenge for any study. of choice.
CHAPTER 12:

Implications of a power-centred analysis for community health and an anthropology of sickness and healing.

"A health program which treats patients by getting them to consume things 'outside' of themselves - whether this be drugs, rituals or even ideas - risks bypassing the greatest healing resource available to that program: the patients themselves, both as individuals and as communities. For healing is something that occurs from within, and informed, community-based self care must thus remain the raison d'être for any truly empowering health program".

- Werner (Author of 'Where There Is No Doctor').

12.1 Allopathic health care and aid in Nepal.

Aid administrators, in both the North and South, are slowly (in some cases, very slowly!) beginning to accept that "putting people first" is more than just the rhetoric of radical humanitarian do-gooders. It is also politically pragmatic, practical and - perhaps most importantly of all - cost-effective. In this context one might expect to see in health aid a significant shift in allocation of resources and energies from top-down, hospital-based, biomedical curative services to community-based, socioculturally appropriate, prevention-oriented, self-care activities. The frequency with which the term 'Primary Health Care' (PHC) is used to describe health programs may suggest that such a shift has already taken place. In fact, however, closer examination reveals that a very large percentage of health programs continue to focus on biomedical curative services (note, for example, that more money is spent on one specialist cardio-respiratory facility in Jakarta than on PHC for the whole of Java).

This percentage, in fact, is currently increasing in the majority of Third World countries as the result of economic structural adjustment policies imposed by international lending institutions (see e.g. UNICEF 1988). The failure of PHC itself in many instances to deliver quality health care has also led to a demand by many for a return to the "magic bullets" of biomedicine.

As Nichter has said:

"While the PHC concept may have been developed in the name of the people, it is beginning to appear to many field staff as top-down and better serving the political interests of speech-makers than either health centre staff or the community".

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In Nepal the availability of any allopathic health services at all, at least in the rural areas, is a relatively new phenomenon, and coincides with (and is virtually wholly dependent on) the availability of foreign aid. In 1960 there were 100 doctors in 34 hospitals, and 166 village health workers in the entire country. By 1980 there were 500 doctors in 73 hospitals and 1,500 village health workers and paramedics, but Nepal as a whole still had the highest population to hospital bed and health worker ratio in the world, and this ratio was far higher in rural than in urban areas (Presern and Halligan, 1985.)

By 1986, as the result of an increasing focus on PHC, there were 745 health posts and 1970 village health workers, but it has still been estimated that over half of the population have never consulted a health post (HMG/WHO Joint Evaluation Report 1986) and that less than 10% of the demand for services is being met (Hellen 1983). According to one survey (HMG/WHO 1986) the main reasons given for this by rural villagers themselves were the long distances to health posts (27%), the non-availability of medicines (26%), the poor quality of services provided (21%) and unfriendly staff (10%). Other factors, however, would appear to include the poor quality (and high cost) of what medicines are available, a lack of understanding and acceptance of diagnoses and prescriptions, the sociocultural inappropriateness of many treatments, long waiting times at some hospitals, and a sense that they are alien and even dangerous places (see e.g. Blustain 1976). Many health posts are not functioning at all (HMG MidTerm Health Review 1981). Total Government expenditure on health was approximately 2% of GNP in the Seventh Plan, and only 32% of this expenditure was allocated to district level programs (Mathema 1987). A high proportion of even this is spent on administration (Justice, P. Shrestha 1986).

A number of projects have claimed success in training traditional healers in allopathic medicine (see Shrestha and Lediard, Lockett et al.) However, real cooperation between traditional and allopathic healers is still in its infancy. Constraints here include incorrect assumptions regarding the role, status and power of traditional healers and their abilities, knowledge and interests/motivations; jealousy from other healers; inappropriate and sometimes dangerous use of medicines by traditional healers; patronising, defensive or paternalistic attitudes by allopathic healers; and the natural tendency to conservatism of many traditional healers because of the fear that the introduction of new systems may threaten their position (see e.g. Berreman 1963). Calls to extend and improve the training of traditional healers in allopathic medicine are seldom matched by calls for allopathic healers to be trained in traditional systems. Achard has commented that:

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"[Jankhis i.e. shamans] will lose the ground under their feet if we try to force them into our way of thinking. We should look at them as a valuable complementary factor in curing disease, foremost in the psychosomatic range, and neither as a competitor nor as the lowest level of our health care system" (1983:14)

Similarly, Father Miller has commented that:

"Instead of training the jankhi in western medicine, train the doctor in anthropology...[the doctor can then] let the patient know that he is being treated as a person [within a specific sociocultural context] and not as an object" (1985:165).

The status and morale of village health workers themselves is often low. Stone has noted that:

"in the village, it is curing and not the spouting of alien health messages that brings prestige and personal satisfaction to a health worker" (1986:297)

Training is often inadequate, with insufficient emphasis on follow-up and re-training. As a result, PHC in the village is often inexpertly delivered (see e.g. Karki).

Health education is often ignored, or is socioculturally insensitive or inappropriate (or, occasionally, irrelevant, such as the Government breastfeeding campaigns in communities where children are often not weaned until 2 or 3 years of age!). Methods tend to be focussed on the traditional view of the learner as a tabula rasa, an empty vessel waiting to be filled, rather than as an active vehicle of knowledge. The gap between knowledge and behaviour is thus often great. Hellen, for example, has noted that 10 years after family planning was introduced in Nepal (in 1968), 22% of the population knew of it but less than 4% actually practiced it.

Finally, there remains a fundamental contradiction between a health care system which claims to enhance community understanding and participation, and deliver equitable and empowering services, while at the same time being controlled by multinational biomedical interests and an inherently centralised, hierarchical bureaucracy (Justice). In such a situation there is little room for the notion that health may be pursued beyond medicine through changing the sociopolitical status quo, through challenging its control of knowledge about sickness and healing and the definition of what, in fact, constitutes 'health' at all. As Fuch has suggested "medicine should consider the possibility of contributing more by doing less" (quoted by Taylor 1979:5).
12.2 Allopathic health care in the Khumbu.

In the Khumbu, the Himalayan Trust has been providing allopathic health care services for over 20 years. However, there is still little evidence of efforts to pursue a community-based, prevention-oriented health care program. There is still no effective health education activity for the nonliterate. Village women's knowledge of pre and post natal care, diarrhoeal disease control and ORT, ARI, infant nutrition and growth monitoring, family planning, even hygiene and clean food preparation is still very rudimentary in the Thame Valley, and very unevenly spread. There have been few improvements of any kind with regard to water supply and sanitation. The great majority of houses remain smoke-filled, with very few fuel-efficient stoves.

While allopathic medicine is generally regarded as useful for the cure of a limited number of ailments (those perceived to be not directly linked to supernaturals) it is seen as having little to offer in terms of the management of more serious and chronic cases of sickness. There is still a widespread fear of going to the Hospital itself, due in part to the fear of attracting the shrendi en route. Occasionally, when traditional methods have not appeared to have been successful, and the patient is in a critical condition, s/he may be brought to the hospital as a last resort, but if death occurs, the Hospital is often blamed.

The medical doctors managing the Hospital are still Westerners (rotated every 2 years) and they readily acknowledge the difficulties they face in developing an understanding of both the incidence of sickness in the community and the community's attitudes and beliefs about sickness and healing in the limited time available to them. None have been able to master Sherpa language, in itself a major constraint to building trust and confidence, and a number have expressed concern regarding their relationships with their own health post staff, let alone with their patients or with traditional healers. One informant commented that "doctors have to make new X-rays for each new patient because their relations are not good. But amjis and lamas just use the same one [i.e. texts] and so they are more reliable because they don't have to make them up themselves".

Now this is not to say that the Hospital has not improved the physical health of the Sherpas in some specific areas (including iodine deficiency, TB and preventable diseases through immunisation. The Sherpas themselves acknowledge that the services provided by the Himalayan Trust are far superior to those provided by the Government in other rural areas of Nepal, and a number of informants, in fact, expressed real concern that the Government may one day take over the Hospital. Moreover, the
implementation of a preventive, participatory approach based on education is inherently time-consuming and laborious, and its impacts may take a long time to become visible. That is, there are few rewards for either patients or healers (or donors!) in supporting a preventive, participatory approach.

And yet my experience of living in Thame leads me to believe that Sherpas will participate in more community-based, self-help approaches to healing if they understand them, feel they have 'good relations' with the healers, and are given encouragement from their family and community (just as they will explore new agricultural techniques, new entrepreneurial opportunities, new services such as electricity and so on – see Chapter 6). Traditional healers will share their basic knowledge, experiences and skills with Westerners if there is sufficient trust, respect and goodwill, and will cooperate with regard to patient referral and so on if given appropriate encouragement. (Two doctors, Dawson and Uhrig, recount one case of a woman with a breast abscess who refused to come to the Hospital for treatment because a minung had divined that she would meet a nerpa en route. The doctors called on the minung, offering chang, and asked if the trail was now clear. The minung divined that it was, so the woman went to the Hospital and was successfully treated. Since then, the minung has referred a number of patients to the Hospital.) There are serious constraints on a Sherpa's capacity to explain and treat (and prevent) sickness for him/herself but, in the final analysis, Sherpas are just human and therefore of course are interested in developing their knowledge about sickness and healing. And this, of course, accords completely with Tibetan Buddhism's recognition that the ultimate source of all healing and enlightenment is from within.

Furthermore, there are a number of areas in which health could be improved through the application of simple and relatively inexpensive interventions. These include the provision of clean water; training in the appropriate siting, construction and use of latrines; handwashing and hygienic food preparation and storage; the construction of smokeless stoves and chimneys; pest control; nutrition and alcohol education; land improvement and home gardening techniques (such as interplanting of potatoes with legumes) and so on. It would also appear important to train people in basic self-help child health techniques such as ORT, growth monitoring and diagnosis of the onset of acute cases of ARI. The schools (and, for that matter, monasteries) are an obvious existing resource which could be used more for such activities.

Promoting more effective dialogue with traditional healers on such issues as patient referral, performance of rituals within the Hospital, follow up visits and so on should be a major priority for the doctors. The existing support of allopathic medicine by many monks and lamas in particular - who serve a
fundamentally important function as role models - should be capitalised on far more.

One of the most fruitful strategies for improving the quality of health care is, I suggest, decentralisation of the present health care structure, and the devolution of greater responsibility to the health posts, the village health workers who staff them, and the villagers they serve. At present, the health posts are poorly equipped and inadequately supervised. Staff complain that they feel isolated from the Hospital, and that they have insufficient training to feel confident or to engender respect among villagers. (One worker commented that "a sirdar trained in first aid knows more than I do"). As a result, they are presented with only petty cases, are unable to demand the compliance necessary for the courses of treatment they prescribe, and feel that their work is boring and unimportant. There is virtually no community participation that I am aware of in the management of the health posts. All patients pay the same nominal fee of Rs.1, which provides little inducement for people to feel that they are investing in a quality, high status service in any significant way. (A number of doctors have already attempted to point out these problems to the Himalayan Trust's Western Board of Management, but with little success.) Riley in 1977, for example, wrote in his final report that:

"deaths caused by simple, treatable illnesses continue... the only way to tackle the problems is at the 'grass roots' level with village health workers...too many foreign doctors undermine confidence in the local system" (1977:1).

"it seems you need someone who actually lives in the village and knows who is ill" (1977:3).

Training of village health workers should be extended and improved, with more emphasis on follow-up and refresher training. Participatory Health education and community development techniques must play a much greater role in training. Experienced trainers must be utilised and materials used for training should be in both Nepal and Sherpa, be gender sensitive and socioculturally appropriate. Consideration could be given to short-term exchanges and networking with village health workers in other parts of Nepal (for example, those trained by the British Nepal Medical Trust in Okhaldunga, Save The Children Fund U.K. in Chautara, and United Mission to Nepal in Tansen).

Village health committees with responsibility for managing the health post could be established (members of these committees would also require training). Regular village-wide forums could be held to discuss health-related issues of concern to the village, such as the impacts of environmental degradation (note the success which the National Park Warden had with this strategy for raising concern regarding
deforestation). The link between the school and the health post in each village should be strengthened, and the present role of the health post as a site for social interaction for women should be capitalised on. Basic participatory action research activities could be implemented (using the many educated young people resident in the villages, particularly in the summer months), both as a means of providing more information about sickness and healing which could be used for monitoring and evaluation, and as a means of raising awareness and promoting interest and commitment more generally.

A vital factor in the long term sustainability of allopathic health services in the Khumbu is that Sherpas (including females) are encouraged to train as medical doctors, and given adequate incentives to return to their communities and practise there. (Note that the Sherpa doctor in Phaplu in Solu is highly regarded by the local community there.) It is also vital that the training provided be appropriate, i.e. that it be problem-based, community-based, and not simply formally medical. A Sherpa manager of the health program should also be trained and appointed.

If Western (or other non-Sherpa) doctors are to be employed, it is fundamentally important, as we have seen, that they establish effective exchange relations with the community. Home visits, learning the Sherpa language, attendance at festivals, the correct offering of hospitality, participation in gift and labour exchange groups, financial contributions to the monasteries, and so on, are all vital to the task of building understanding, trust and commitment. It is also essential that foreign doctors know as much as is possible about traditional healing systems and beliefs. This will not be easy, given the limited time available, and the complexity of these systems. One amji commented to me that

"it is easy for us to learn Western medicine, but for doctors to learn Tibetan medicine they must first learn Tibetan language, then religion, then health, then herb collection, then divination, and then they can learn about curing. This takes us 20 years. How can the doctors learn this in 2 years?"

Now, up to this point in this Chapter we have been focussing on what might be thought of as technical possibilities for enhancing the physical health of the Sherpas by improving the delivery of allopathic health care. While there is little doubt that such improvements would be of short term benefit to the sick, the underlying theme in this thesis has been that longterm, sustainable health and wellbeing, defined in a wider and more holistic sense, depends on the active participation of the community as a whole in identifying and addressing the underlying causes of sickness and constraints on healing. Of particular importance here, I have suggested, is the structure of knowledge-power relations, which determines how
sickness is understood and experienced, who manages it and how, what control individual patients have over therapy, the possibilities for self healing, how efficacy is determined, and so on. To the extent that this structure 'produces' sickness, and sets limits on the possibilities for both analysing and responding to it, the task of healing is as much a political one as it is a technical one. That is, all-round longterm health and wellbeing can only be achieved when the structure of knowledge-power relations, permeating both allopathic and the traditional Sherpa healing systems are unmasked, analysed and challenged, and made accessible to control by the sick themselves.

What responses, then, might this suggest, in practice? The most obvious is the implementation of a single 'health education' activity that seeks to empower the community as a whole to gain control of the means of production and distribution of knowledge about sickness and healing. Methods of teaching health (or, for that matter, anything) will never be fully effective, I suggest, until the learners themselves feel that the knowledge is theirs: that it is relevant, comprehensible, socioculturally appropriate, practical and empowering. What this means, of course, is that knowledge, and experience, is exchanged and evaluated rather than simply transferred and consumed. The teacher listens and learns; the learner teaches. A process of praxis is nurtured, whereby action arises from reflection, and in turn gives rise to further reflection.

To achieve this, the community as a whole - but particularly women (who assume major responsibility for care of the sick) - must of course be involved in planning as well as managing, monitoring and evaluating it and formulating the activity. The activity should commence with an analysis (using participating rural appraisal - PRA - techniques) of the variation and distribution of people's existing knowledge attidues, beliefs and practices, the relation between these and, of course, the constraints on these. The analysis should also re-examine health status and health services available, both traditional and allopathic, as well as determinants of severity, choice behaviour, efficacy, compliance patterns, and so on. The results and implications of this data must be presented to the community as a whole, in a medium, and in such a way that it can be universally understood and acted upon. Appropriate input can then be determined, but should not be limited to a pre-determined time frame or phased in such a way as to meet the needs of donors (e.g. concentrating expenditure in the first one or two years). Rather, technical inputs should be introduced slowly, once there is evidence that people will accept, understand and use them.

There is also considerable scope, I suggest, for the community-based production of books (written in
Sherpa) on health and health-related issues (environment, appropriate technology, etc.) given the status and significance of texts in Sherpa culture more generally. This would of course require a community-wide adult literacy campaign, and it could not be assumed that the mere inculcation of literacy skills would guarantee access to the control of knowledge. It may also be strongly opposed by some members of the religious elite. Nevertheless a participatory approach to book production, coupled with the establishment of community libraries, (e.g. in the health posts,) and reading groups, etc. would, I suggest, provide a valuable vehicle for increasing the laity's access to traditional knowledge. Allopathic medicine could then be subjected to the same critical scrutiny, perhaps with the assistance of the village health workers and even the doctors themselves. Discussion could be encouraged on which aspects of allopathic medicine are likely to be most (and least) beneficial, and what would need to be done to maximise these benefits. Compliance issues could be explored, but in terms of healers complying with the wishes of patients, as well as vice versa.

Achieving such changes will not be easy. Indeed, the Himalayan Trust has responded with overwhelming disinterest thus far to proposals for such change, and the Sherpas themselves have a huge jump to make if they are to understand and embrace them effectively. Nevertheless, my analysis suggests that the control of knowledge is indeed the primary axis of inequality in Sherpa society, the primary factor in how sickness is understood and experienced, and the primary constraint on the pursuit of healing. It therefore follows that any long-term effective health care strategy must confront this issue head on. It also follows that any such confrontation will inevitably be political. For as Frieire has said:

"There is no neutral education. Education is either for domestication or freedom."

12.3 Towards an anthropology of sickness and healing.

Now, anthropology has, I suggest, a potentially important contribution to make to the development of this sort of approach to health care and I speak here not just as an anthropologist. My previous professional experience as a social planner, and as an educator had already led me to this conclusion; my field work experience in the Khumbu confirmed it; and my subsequent experience as an aid administrator and consultant has only highlighted the urgency of it. And yet it is clear that not just any old sort of anthropology will do. In this thesis I have demonstrated that structural-functionalist, behaviourist, even most power-centred approaches have thus far failed to recognise the nature and importance of the knowledge-power nexus in sickness and healing, and thus have failed to identify and promote

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cost-effective solutions to the challenges which this issue presents.

For aid donors, the role of anthropology is still the subject of much ambivalence. Although donors are facing increasing pressure to pursue strategies which empower local communities, and to institute rigorous social analysis and impact assessment within their aid programs more generally, there is still a marked reticence to look to anthropology to assist (see Draper, 1985). This reticence is still shared by a number of anthropologists themselves (predominantly, it seems, those who have succeeded in securing careers in academia and who - perhaps by virtue of their isolation - still seek to maintain the notion of the purity of the science - and even the ideology - of anthropology). In the health sector, mainstream medical anthropology - of the type espoused by Kleinman and colleagues - is seen to be fairly respectable (and even trendy) insofar as its concerns, methods and discourses are still acceptable within the overall framework of the bio-medical model. But the sort of approach that I am espousing here would, I suggest, be seen by most aid donors and health officials (and perhaps a number of medical anthropologists) as being somewhat threatening. The important question is: Why? The short answer, I suggest, is that we are ultimately dealers - if not brokers - of knowledge. To dig into the subjective nature of knowledge is to dig into the subjective nature of our own livelihoods, our own raison d'être, and therefore perhaps of our own sense of meaning and order in the world.

Nevertheless, this thesis has demonstrated that such digging is required. I want, therefore, to conclude this chapter by briefly examining one or two of the key tools required for this digging, or what I have referred to as an "anthropology of sickness and healing".

Firstly, this thesis has shown the importance of integrating a study of sickness and healing with a study of the historical, social, cultural, economic and political context in which it is embedded; of linking any anthropology of sickness and healing with an anthropology of exchange, an anthropology of knowledge, and an anthropology of power. Indeed, an interdisciplinary, holistic approach is not a 'soft' option in this context - it is absolutely essential. There are a variety of interrelated issues here. The first is the need to clarify what we mean by 'sickness'.

As noted in the first chapter, and elsewhere, the shift of attention proposed by mainstream medical anthropology from 'disease' (defined as an objective, measurable state of physiological dysfunction with a specific etiology in a discrete and identifiable pathogen) to what has been called 'illness' (defined as a
subjective and varying experience of that dysfunction by individual sufferers) is both appropriate and useful (see e.g. Eisenberg 1977, Kleinman 1978, Good 1980). It reflects a growing dissatisfaction with the conventional biomedical Cartesian split between body and mind (and seeks, if you like, to embody the mind and reveal the mindfulness of the body). It reflects a growing realisation among clinicians that their work is, as B. & M. Good have concluded, "inherently interpretive" (1981:175). It reflects a growing interest in the patient (versus the conventional emphasis on the healer or his/her methods), on the patient as an individual person (and not just as patient), on the patient as an actor/agent. It reflects an increasing recognition that what the biomedical model holds to be a single objective entity may be experienced and expressed quite differently - and thus managed quite differently (in terms of the health seeking process, etc.) - according to the particular beliefs, role models, lifestyles and so on, of individual sufferers, and it reflects a growing recognition of the rise in incidence and importance of non-communicable diseases, environmental management, lifestyle factors and 'diseases of development' in the health status of populations. In an important sense, the growth of the PHC movement with its emphasis on prevention and self help is closely linked with the shift of attention from 'disease' to 'illness'.

And yet this shift is itself, I suggest, problematic, insofar as it focusses too much attention on the individual, on dyadic healer-patient relations, on individualised causes of illness (albeit lifestyle factors, etc., rather than 'germs') and on assumptions of individualised explanations of illness lying within the minds of individuals. It therefore continues to divert attention away from the impact of wider sociocultural, economic, environmental and political factors on both the incidence, experience and explanation of suffering.

In so doing it tends to 'blame the victim', ignores the possibility that people may be forced into sickness and healing experiences that may make their situations more difficult, and diverts attention away from the possibility of promoting healing through changes in the wider sociocultural, etc. context in which illness is embedded. (Such a possibility is not so much overtly denied as pushed to the margins of what is considered to be reasoned discourse relevant to the arena of healing.) The nature and impact of diagnosis, and the labels and systems of classification it relies on, are simply bracketed out. Moreover, by setting up a dichotomy between disease and illness, and stressing the character of 'illness' (but not disease, or the dichotomy itself) as a social construction, it risks conferring on disease the very existential objectivity that it seeks to challenge.
Another problem with the 'illness' approach is the implicit assumption in many analyses of internal congruence and implicit 'meaning' within the sociocultural system in which sickness and healing is embedded. Related to this is the preoccupation with developing predictive models of choice behaviour which do not account for the complexity of often-conflicting sociocultural factors and the variations these help to engender. While the notion of illness allows for a degree of agency, it has difficulty in accounting for the possibility that this agency is itself the product of relations of knowledge-power, and is subject to the (albeit varying) limits and constraints imposed by the relations.

With these concerns in mind, I have proposed a further shift of attention, from both disease and illness to what I have called "sickness" (see also A.Young, 1982). This focus encompasses both the notion of dysfunction and subjective experience. It moves quickly to the possibility that sickness (and healing) is a function of exchange relations, and may be "produced" through the relations of knowledge-power in particular. It reveals and explores the lack of internal congruence, and change in sociocultural systems and how these impact on both dysfunction and its experience and expression. It does not assume that all sufferers either share complex, satisfying explanations for their sickness, nor that they necessarily feel the need to construct such explanations (vis a vis the resident anthropologist!) At the same time, it enables examination of the body, and knowledge about it, as a social construction (Douglas, Sontag, B. Turner 1987). It enables examination of national and international political economy as factors in health status and its management. (Doyal, Illich). It recognises that sufferers are not simply passive victims, yet gives particular consideration to the different ways in which agency and self help are constrained, and why. It is highly sensitive to the variation in and distribution of knowledge about sickness and healing, both within and between patients and healers. And it therefore enables exploration of the possibility that healing might be pursued through challenges to the structure of relations of knowledge-power.

This focus is relevant, I suggest, for the analysis of all healing systems. The comforting notion that a 'traditional' healing system - because it is allegedly more concerned with 'illness' than disease - will confront the wider sociocultural dimensions of sickness more than, for example, allopathic medicine, is simply not one we can rely on. Traditional healing systems are just as much products of relations of knowledge-power and instruments of social control as is allopathic medicine.

The opposition between 'disease' and 'illness' is, I suggest, structurally homologous to the oft-cited anthropological opposition between 'nature' and 'culture' (that is, disease is natural, illness is cultural) and
suffers from the same problems (see Chapter 5). That is, the notion of 'nature' as something distinct from culture, winds up giving nature the status of a natural objective 'fact', somehow apprehensible independently of the subjective, socially constructed meanings ascribed to and deriving from it. Yet, as contemporary feminist anthropologists have shown us, nature is no more (or less) "natural" than culture except to the extent that we make it so. To the extent that we must rely on subjective senses and paraphernalia for apprehending, and on subjective modes of discourse for communicating, all such 'facts' are imbued with socially constructed meanings, are products of relations of knowledge-power, and thus have profound sociopolitical consequences (for example, the legitimation of the notion that the 'natural' realm is the female realm leading to the legitimation of gender inequalities).

Implicit in this focus on 'sickness' is, of course, a very different approach to 'health' to that commonly espoused within the biomedical model (that is, the absence of disease.) It is founded on the so-called 'new public health' model (incorporating social, environmental and spiritual dimensions of wellbeing as well as physical and psychological), but extends this somewhat to incorporate the notion of 'sustainability' - that is, the capacity of both individuals and groups to recognise, develop, and manipulate relations with each other and their environments in a way which not only enhances wellbeing in the present, but also sustains it over time, and does not threaten the wellbeing of future generations.

Another aspect of this new approach to health is that healing constitutes far more than the elimination of particular causes, whether these be pathogens, lifestyle factors or sociopolitical forces. According to this view, threats to health are infinite, interdependent, changing and yet ever-present, both within the body and mind and in the external environment, and can never be entirely eliminated. Health can be sustained, however, even in the face of such threats, as long as a particular (albeit varying) form of resistance to, and/or tolerance of those threats can be sustained. (This of course is the basis of Dubois' famous maxim that "infection is the rule and disease is the exception". Note also Antonovsky's concept of "salutogenesis" here.)

This view suggests links with a number of other important ideas. Firstly, while the claimed efficacy of many traditional healing systems such as that of the Sherpas might be explained in terms of the frequency of self-limiting conditions within the normal spectrum of sickness, another possibility is that such systems are effective in "triggering" the self-healing mechanism that lies at least within individuals (if not groups), without relying on external medical interventions directed specifically at pathogens. The notion of self-
healing through meditation, education, challenges to existing sociocultural structures and - perhaps most threatening of all - love, may not appear to be so fanciful from this perspective.

Secondly, 'health' and 'sickness' can be seen from this view to be not so much static, objectively 'real' states as arbitrary, abstract notions; and not so much opposed to each other as comprising relative and changing points within a single continuum of wellbeing. Thirdly, this view suggests that both health and sickness are ever present in a complex, often disorderly, and ever changing world, as opposed to the biomedical view that 'disease' and 'illness' represents deviance within an essentially homogenous and static world. (Note the links here with 'chaos theory', represented within physics by Prigogine, within linguistics by Derrida, and within anthropology/sociology by Bourdieu, et al.) And this view allows for a possibility of enormous potential significance: that patients may not, after all, feel the need to construct and evaluate complex technical or spiritual explanations for their sicknesses and may even wind up better off being able to simply accept and "be" with their experience directly.

What these ideas seem to have in common is a shared view that, while breaking sickness and health down into analytically manageable parts may feel more comfortable for those of us trained in the Cartesian tradition, these parts start to look less important and even problematic when put under the scrutiny of what it is that binds them together, what Bateson referred to as the "pattern which connects". Indeed, for the great majority of healing systems around the world, healing is about restoring this pattern, not the parts which it may comprise, and here we start to get into rather deep water. For what is this pattern, if not "magic", "soul stuff" - stuff that objective scientists cannot afford to address seriously. As observers, if not participants in these systems, we are being asked to revolutionise the way we see things; to learn to stop with the questions and notes and just sit in such spaces and begin to feel the "energy" or whatever it might be called that others seem to be able to feel in these spaces so easily that they build entire world views (and healing systems) around it. In focussing on the pattern which connects, we are being asked to look within.

The final issue which I want to highlight, then, is the importance - and the difficulty - of incorporating self-reflexivity into any anthropology of sickness and healing.

The focus on 'sickness', as I am presenting it here is, of course, no less subjective than a focus on 'disease' or 'illness'. What is different, however, is that this subjectivity is both acknowledged and
explored. Indeed it is capitalised on. For how we can successfully unmask the subjective, socially constructed, powerful nature and consequences of the knowledge and discourse of our informants if we fail to unmask those of our own? How can we be sensitive to the impact of the various codes, labels, systems of classification used by Sherpa healers if we ignore the impact of our own labels, biases, methodologies and preferred ways of communicating (or avoiding communication) with our informants and readers? Crick has said

"knowledge is a social achievement: it consists of meanings that have 'made it' " (in Parkin -28).

In our efforts to ensure that our analyses 'make it' we must remember that we are doing just that. The biomedical model, of course - and indeed, mainstream medical anthropology - has particular difficulty in addressing this issue. Even Kleinman and his colleagues, in their later writings, have noted that:

"the anthropological venture of self-examination has encountered resistance from medicine as well as from the anthropological community, even its medical division. Such resistance attests to the powers of biomedicine as a sociocultural system" (1983: 305).

"Much of what passes as 'science' in biomedicine, and in anthropology also, is rather pseudo-science, pretending knowledge by the magical sprinkling of statistical tables and the invocation of shibboleths" (1983:327)

But in spite of all packaging and mainstream acceptance, all 'science' remains a construction which can only be revealed through a "construction of a construction", a "discourse on a discourse", a "double hermeneutic" that we must remain constantly sensitive to.

We must also be wary, as Worsley and others have noted, of assuming that the knowledge, attitudes, beliefs and practices of our chosen informants are representative of those of the community as a whole. We must be wary, as Keesing (1982 ), Said and others have noted, of presuming to identify 'meanings' and 'truths' not available (or relevant/important) to our informants. On the other hand, we must also be wary of representing ourselves through our discourse as 'active' and 'enlightened', while representing our 'subjects' as essentially passive and ignorant. We must be wary of idealising traditional healing systems as inherently functional, wise, and/or empowering; of participating in what Marcus and Fisher (1986) call 'salvage anthropology', the 'back to Eden', 'revere the noble savage' approach, without carefully assessing the origins of this approach and its longterm implications for the people we study. On the other hand, of course, we must also be wary of self-congratulatory, pseudo-enlightened negativity and cynicism.

Freeman's criticism of Mead may have renewed awareness about the subjectivity of knowledge but it did
not necessarily replace it with anything more objective. Indeed, it is doubtful whether it improved our understanding of the Samoans (let alone ourselves) to anything like the degree which Mead’s original work did.

A self-reflexive anthropology of sickness and healing may well have power-full consequences. As Hahn and Kleinman pointed out:

"a reflexive anthropology recognises that the production and distribution of knowledge - including its own - is social action. The question is not whether or not the discipline is to be applied, but how, where, and to what end... the commitment need not mean subservience to the given goals of the community; it may mean radical reform" (1983 :326)

Here, of course, lies another danger, that of presuming that a self-reflexive, critical analysis of relations of knowledge-power is inherently a contribution to liberation, or will be welcomed by those to whom it may be dedicated. As Sheridan has noted:

"because one speaks against power, one does not necessarily speak with those who suffer it" (1985 :221)

When I began my fieldwork, my hope was to demonstrate that the traditional Sherpa healing system offers a number of important lessons for those of us concerned with the failure of allopathic medicine to heal and meet the needs of the whole person. I still believe that it does. However, the day to day experiences of life in the village soon challenged my idealism and certainty. The more I interacted with people, the more variation I encountered in people’s knowledge, attitudes, beliefs and practices, and the more variation I encountered, the less comfortable I felt about my interpretations of what “the Sherpas” think and do; the more significant individual actors and their actions became, and the more significant my own personal reaction became, albeit somewhat unconsciously at the time.

When I returned from the field and began to read, theoretical issues again assumed prominence. I tended to forget the variation I had encountered - structure rather than agency became my focus.

Once I began to actually write, however, and to refer back to my field notes, with the benefit of hindsight and a spirit of self-reflexivity, I again felt uncomfortable about this position. Indeed, if fieldwork itself was a journey, then the process of writing was a fullblown expedition. For a number of years I have traversed backwards and forwards across a frighteningly wide arc of concerns, ranging from passionate support to cynicism regarding holistic approaches to healing; from an assumption of choice to a rejection
of even the notion of choice; from a focus on the powerful to the disempowered. Indeed, one of the most traumatic shifts was from a focus on the Sherpas to my own representations of them; from Sherpa culture to writing Sherpa culture.

At times I felt disempowered by this process, by my apparent inability to commit myself to a particular position, to rise above my self-consciousness as to the validity and possible consequences of my judgments and interpretations. It was difficult to shed my earlier structuralist idealisation of Sherpa religion in particular and sense of loyalty to the Sherpas (or was my loyalty to my own interpretations?!) when I finally confronted the compelling evidence drawn from an emphasis on relations of knowledge-power. I still feel very conscious of my criticism of the monasteries and monks and lamas, many of whom are personal friends and for whom I have great respect. At times I felt that shedding my original unreflexive romanticism might in fact be less of a challenge, less honest and even less useful than returning to it. There is a fine line indeed between self-reflexive practice and self-reflexive navel-gazing.

And yet, at other times, I felt empowered by this process, realising that learning is perhaps more cyclical than linear; that all I was really doing was making a map which never would be the territory anyway; and that its ultimate value lay in the process as much as the product: in the journey as much as in the destination. Moreover, that the process neither would nor should ever 'finish'. (And that self-reflexivity - once its importance is understood - is, in any case, no longer an option.) Throughout the process of writing this thesis I have attempted to communicate something of this process, without becoming awash in it. Parkin once commented that

"rules of method are really questions of accountability" (1982 :xix).

The central issue, of course, is, accountable to whom?

If I have not broken free of the knowledge/discourse/power connubium myself, then, at least, I have endeavoured to ensure that I am not rendered politically impotent by it.

This thesis then is at least partially about the ongoing tension I continue to experience between the belief that each of us can construct our own reality, and the realisation that the constraints on such a construction are power-full and varied, and must be faced squarely. While up in the mountains, it is easy to be descriptive, to focus on individuals, on agency, and the construction of one's own peace. Coming down
is always much harder, and is far more likely to result in a concern with structure, alienation, rule-governed behaviour. Yet one must go up to come down, to go up.

**POSTSCRIPT**

5/3/87

I'm warm. I know it must be morning because, even deep within my sleeping bag, I can smell burning juniper. Soon Ama will come with a pot of tea and her smile. I hope it's a sunny morning. I'll sit cross-legged in front of my window, as I usually do, pretending to be a lama - my mountains before me, my tea in my lap, its steam rising. This morning the sun should burst through just to the south of the ridge near Kang Tega's summit. I'll look forward to that. Then I'll send a message down by sunbeam to Laurie and Sion [and, unknown to me at the time, Sara!] in their beds in Kathmandu.....

I wonder if Ang Nyimi is up yet? It sounds as if Lang (the resident yak downstairs) is still locked inside. He must be anxious to get out. What's the word for 'anxious' again? ..... God, this language!! Today I am going to try again to get Kandi Lhamu to tell me about when she was called to be a minung. Why won't she tell me, the old bag?! Maybe I'll just send Apa (my research assistant) with the cassette recorder. She seems really suspicious of me still, even though I've plied her with multiple cups of hot chocolate. Doesn't she understand about exchange? Maybe she doesn't like hot chocolate?! But, then again, she's not exactly cuddly with anyone. Apa seems to be able to handle her though. Yeah, I'll send Apa. Hope he remembers to push the 'record' button this time.....
GLOSSARY

akchuwa - red-leaved plant used medicinally (p.292)
amji - Tibetan doctor (p.261ff)
amjok nyenok - earache
ani - nun (p.322)
apsa - ritual offer of beer for friendship (p.62, 120)
Aum padme hum - traditional Buddhist prayer refrain
awa goitre
ba - rice beer (p.75)
balu - weather-related condition
bam - forest spirit (p.271)
ban jankhri - rice and salt, rubbed into bites
bangma - class of lama (married, village-based) (p.246, 281)
banzin - intermediate states between death and rebirth (p.253,269)
bardo - text of instruction re /bardo/ (p.250)
bardo thodol -
betup empowerment (p.108)
tsalam betup - sacred, mystical valley (p. 37, 289)
bevul - Hindu tradition (p.300)
bhakti - division of property (p.234)
bilubanda - Tibetan mad saints
blama smyoupa - bombo - Tamang shaman (p.111)
Bon- pre-Buddhist and ongoing religion of Tibet.
bonpo - follower of Tibetan Bon tradition.
bulup - acquisition of 'high' religious merit (p.69). See: /terup/
bum - selections from Buddhist/kenggyur/ text (p.125)
bumiso - religious ritual, held at monastery (p.108)
cha -
chak - stress (p.199)
chak chukeyrup - bone-setter (p.271)
cham - spiritual dance form (p.140, 349)
champa - influenza (p.321)
chang - beer (varieties: p. 75)
changbu - pieces of dough (p.136)
changpar - large effigy (p.250-1)
changpar chayik - charter for monastery
chaptar / chhap tar - flags on top of /chorten/ (p.259)
chayik - charter for religious institution
che - 'high' (p.254)
chcmendok - egg
chempam - mumps
chendup - sprinkling of grain as offering to gods
chenga (chewa chenga) (full moon)
chepa - offerings to gods
chermu - form of power
cheshetup -
cheta -
chetup

chewar -
chewa chenga -
chhak cholwa -
chham -
chhaptar -
chhau -
chhidup / chhiwa -
chhineki jikten -
chhiwa / chhidup -
chhoka -
chik
chilap -
chimba -
chinche -
chinden -
ching -
ching gangba -
cho -
cho piuwa, -
cho nangbi -
cho tar -
choka / chhoka -
chod -
chokpa shurup -
chopa -
chorpen -
chorten -
chortimba -
chorumba -
chetap -
chozin -
chu -
chugyou -
chuipo -
chupta lhap -
dab lha -
dadu -
dakdakpi lha -
dakini -
dalcha -
dalok -
dalokpa -
dalongma -
dambup

pride
final feast after death (p.251)
bones of deceased made into statues
full moon
to prostrate
seclusion
flags placed on top of /chorten/s. (p.259) See: /tar/
emotional illness; over-attachment to material affairs (p.202)
exterior, outside
nature
exterior, external
rituals

spiritual medicines from texts (from lamas) (p.120, 255)
liver
outside offerings
form of /chilap/
urine
gall-bladder
religion (or: texts) (p.119, 350)
external religion
internal religion
flags on pole near house (p.259)
kind of rituals
ritual symbolically offering body as food to demons
mental illness, from sharing polluted cup. See: /nyumbo/
paraphernalia for rites (p.271)
organiser of textual recitations
container, monument (p.254)
overseer
/gonda/ administrator, peacemaker at festivals
treatment
regular exorcism ritual (p.134)
water
excess of water in body (p.311)
kind of incense (from a plant)
urine analysis (p.266)
clan deity
species of Buddhist text (p.125) used for divination
personal deities (p.247, 250) See: /lha/
female healer (Indian?)
friend, cooperation, help (p.58)
man returned from death
kind of male healer (p.269)
female healer species, woman from death (p.216, 269)
dulchi dambup - 'closing the door' - to visitors (p.322)
dangbup
de - very 'low' species of demon (p.135)
delup - see: /gyaptak/
demchang - second stage of Sherpa marriage
dewa - happiness
dewachen - enlightenment
dhami - Hindu diviner (p.290-1)
dhami jankhri - Indian diviner-shaman
dhu - rock spirits
di - collective system limiting grazing of animals
dikpa - sin (p.232)
dikparaza - obnoxious insect (p.137)
diksysa - to wash away sin
dikur - co-operative group (p.52)
dipshing gyeup - attack of blindness, poor vision (p.188)
dirmu - female spirit - tempts monks to break celibacy vows
dirmu - evil spirit (tempter)
diuyelka - 'pulse sickness' (p.265)
do - exorcism ritual (p.133, 252), kind of stone kind of exorcism (p.107)
do dzong do sutra do mang (p.125, 252, 258)
do - 'low' ritual (p.117)
docha kelung - form of 'pulse sickness' (p.265)
dodzon - exorcism ritual for managing death (p.117, 252)
dodzongup - exorcism ritual to kill demons (p.133)
doko - type of basket (p.229)
dokpar gyoup communal clapping of hands (p.256), exorcism ritual for life domang - summary of Buddhist /kenggyur/ text, exorcism ritual for life (125). See: /do/
domba - vow
domen - kind of rock used in medicine
done - species of exorcism ritual (p.310, 337)
dorje - ceremonial object (ritual weapon), "thunderbolt" implement dpap'o - hero, Tibetan spirit medium
du thak thau - black and white striped flag (p.238)
dubchen dua - simple
duen - form of prayers (p.251)
dui - demon (p.120, 131)
dui Tulup - ritual versus demons (p.133)
duine - condition involving imbalance of humours (p.303)
dulchi dambup ritual closing of door to keep out spirits (shrendi) p.189
dulwa - vinaya (vis a vis do - sutra; gyud -tantra); discipline
dumji /dumje - important Buddhist village-based exorcism festival (p.134)
dung gyoup - allergy, insect bites
dungal - worldly suffering
dup sang - kind of incense
duzi chumen - 'high' form of /chilap/ (small black balls) (p.259)
duzi naku - black medicine, flag covered with ashes (p.238)
dzema - basket for paraphernalia
dzom - female zopkio
ekazi - third eye
erman - pepper (p.266)
galchikpa - spinal cord
gangbu Tindup - interconnections (p.50)
gama - old woman
gawa - old man
gelu - business 'losar' ritual: king of /shrendi/
gelung - ordained level /status for monk (p.57)
genging - living by virtue
gembu - government official
gerk - monastic role
geshe rilu - form of /chilap/ (p.256)
girpa - heredity (p.282), deceased kin (p.301), shaman's agent
girwong - important kind of medicine
giu - flow of water
mer giu - clan-based heredity/spirit
cho giu - religion-based heredity/spirit
dung giu - secular training-based spirit
godong tar - flags in doortframe of house (p.259) See: /tar/
gog patakok - crushed garlic, oil and wheat (medicine)
gomba tumbu - extraordinary, different (p.219)
gombu - protector deity (p.107)
gonap / goinap - headache/migraine, debilitating illness (p.170)
gonda -
goruchau - monastery
bloodclots
gumbu - local deity (p.62)
günza - lower altitude winter agriculture settlement
Guru Rimpoché - Padmasambhava
guthi - co-operative group (p.52)
gya khamba - outsiders (p.60)
gyalden kachung - flower used medicinally for sore throat
gyaldo - exorcism rite (p.135, 252) to extend life
gyangbu - kind of flag
gyaptak - shadow spirit/force inflicting harm/pollution (pp.186,197)
gyaptak delup - ritual contact of deceased (p.285)
gyek - species of 'low' effigy (p.249), offered to demons outside
gye mar - rotten butter (See: /mar/)
gyemzil /gyamzil - red stone used in medicine (p.330)
gyen - butter species
gyendar gajung - purple flower sp. used to treat influenza (p.277)
gyepshi - orthodox exorcism ritual - see: kurim. (p.133, 251)
gyeup / gyoup - See: /gyoup/
dipshing gyeup -
gyewa -

act of virtue, funeral feast, 'high' er class ritual donation to
monastery (p.117)

attalpof blindness

parents' criticism of children

kind of monastic text (p.125)

gyezu gyoup -
lhamu gyezu -
gyoup -
dipshing gyoup
dokpar gyoup
dung gyoup
gyezu gyoup
tak gyoup
me gyoup
mo gyoup
mone gyoup
nga gyoup

feast given by family of deceased after 49 days

interconnections (p.50)
tantra (p.107)
village-based tantric lama

social action pollution (p.192)

intestines

interconnections (p.50)

plant species used to treat anaemia

medicinal herb from mountains (p.96), for 'flu

ngalding jalding -
jamtuk -
janai purnima -
jankhri -
dhami jankhri -
ban jankhri -
jarphuke -
jasak -
jatra -

Hindu shaman (p.272)

Indian healer (diviner-shaman).

forest spirit

Hindu 'blowing away' of spirits (p.275)

form of /chilap/

Hindu festival

trade exchanges

animal-based medicine, made by lowlanders (p.197)

debilitating paralysis similar to Parkinson's (p.1, 184)

nature

secular householders, laity

rumour mongering (p.55)

fear (p.200)

blessing (p.108)

form of sickness (p.119)

kin, hospitality, patriliney (p.61)

spleen

refusal of assistance (p.244)

form of paralysis

v
kangsur - quarterly propitiatory offering (p.109, 135)
ki - monastery entranceway (p.108)
kartsi-'high' form of divination based on reading of texts (/dadu/)
(p.260) See: /tsi/
karu - white (p.241); See: /nakpu/
katha/kata - prayer scarf gift (p.120)
kaur - camphor (p.292)
Kayser - fever
kem chang - 'low' form of beer, offered to corpse (p.75)
kemba - intelligence
(seva) kendra - kind of cooperative for helping poor (p.313)
kenggyur - 'high' ritual or text; Buddha's teachings in 108 volumes
keril - cataract on eye
keup/kiup (q.v.) shadows (p.286)
kewide - birth month (p.180)
kewila - birth day (p.181)
kewiza -
khadeu - sharers in communal relations (p.60); sharing same cup
kham - personal configuration (p.123, 180)

khamba -
- gya khamba - Tibetan immigrant
khamendeu - outsider (p.60, 66)

khan dyun - person of 'low' status (p.192); not sharing same cup; unequal

khang - mouth, orally narrated

khea - house

kinggyur -

kiparang -

kiup/keup -

thak kiup - vomiting of blood: haemoptysis?

kokpu -

- kokpu tongup - bad, greedy

- samen kokpu - anger

- lemu kokpu - bad luck era

kong - good luck era

kor chang - scabies

korup - beer offered at funerals (p.75)

korup - circumambulate

koup - contagion

ku - body

kukpananche - silent but clever

kuma - female cretin

kundadenkine - common conditions (170)

kupar - printed text aids for meditation

kuram - honeycomb

kurim - exorcism (general term) (p.184)

kurmu - form of skin disease

kuwa - male cretin (p.183), mute

kwong/kong - scabies

kyakpa - faeces

vi
kyamTu - mantra
tyek - very bad form of luck (p.123, 181)
kyek - divination of /kyek/ periods (p.256)
tsi - gifts to maintain good relations (p.69)
kyekar - exorcism/ (private) good luck ritual, kind of text (p.126, 251)
kyekyur - (only lamas officiate)
gossip (p.55)
kyoma -
laa / la - spirit in life, part of soul (p.123)
lachou - loss of soul, mental panic
lali - spontaneous exorcism to retrieve lost soul (p.134). See: /kurim/
lama - 'high' monk
banzin lama - p.244. See: /banzin/
lam - Tamang exorcist
bu -
lamin -
lap / lhap - 'high' term for medicine (p.254)
larke / larkye - gift exchange group (p.53, 64, 73, 116)
lartsi -
latunnap - medicine made from deer's testicles
lawa - form of attitude sickness
le / the - host, Master of Ceremonies (p.54); servant
good
lemu - fate (p.116); karma; love. See: /ngulki le/
kokpu lemu -
samen lemu -
leta -
lema - good luck era
dab lema - good era (p.87)
lha -
lema -
dab lha -
lha ru chik -
lhabu -
lhabeup -
lhachetu -
lhachou/ lachou -
lhalarou -
lhalendup -
lhamu gyezu -
lhang -
lhap / lhap -
chafta lhap -
tsa lhap -
lhapam -
lhapsang -
lhawa -
lhawa-minung -
lhawum -
lhe / le -
lhendum / lhudum -
lhenji kawide -
lhudum / lhendum -
lo -

vii
loben - monastic role
lodimu mitup - mental depression (p.199)
lokpar - kind of effigy (p.140), reversal of directions
loma - plant species. Leaves used to treat joint pains (p.277)
lorki - history (see: /merap/)
lortho - year of birth (p.180)
losar - Tibetan New Year (p.120, 183)
lou - adulterous relationship with monk or nun (p.122)
lu - serpent deities (p.181 & ff.) medicines (p.183)

lu yul - land
lubasta - most powerful /lu/ spirit (p.126)
lubze - medicines offered to /lu/
lukra seru - yellow flower, used in medicine
lukra mukpu - dark blue flower, used to make medicine
lumbum - kind of text (p.126)
lune - chronic body illness /conditions (p.331)
lung - anger (p.59), wind (p.201)
lung tar - flags placed near rivers, bridges (p.125, 259, 279). See: /tar/
lungjine - excess of wind
(yewa) lungine - respiratory complaint of old age
lupsang - incense to appease /lu/ (p.184)
luptur - form of recitation of texts (p.184)
lut - effigy of sponsor of exorcism ritual
lutur - dough effigy for /lu/ (serpent deities) (p.181)
ma - wound
maksu - son-in-law (p.164, 309)
mane / mani - sacred stone
mang
mang gyewa - not concentrating on religion (p.260)
mang nyung - balance (p.50)
mani - sacred stones (p.88)
mani rilu - form of /chilap/ (medium-sized red balls) (p.257)
mani rimdu - annual monastery-based exorcism festival (p.42, 108, 137)
mantra - religious texts; mystical verbal sayings (Sanskrit)
mar - kind of butter (p.225)
martum - dizziness
masu - healing herb (p.262)
mbu - ascaris; worms
mo - fire
mcgypoup - cauterisation, moxibustion (p.198, 268)
melang - species of /roblang/ (p.272)
melun - medicine
men - medicines (p.266) See: separate appendix
men khang - hospital
mendul - hospital (p.273) / alchemy (p.246)
merap - clan history, genealogy
mergiu - lan-based heredity / spirit
mesignok - burn
metha - bad, non-conducive (re relationships) (p.287)
metsa - plant, burned and used to relieve pain
mik -
  mik bitup - 'eye surgery' (p.265)
  mikaru - westerner ('white eyes')
  miktongup - supernatural vision (p.234)
  mik tsa(r) - debilitating eye condition, conjunctivitis
milam - dream
milam lap - interpretation of dreams (p.234)
mima tonok - impaired vision
mindul
minum
minung - kind of healer; diviner
  lhawa-minung - exorcist
mishi tsengya - 'middle' god (p.219)
mita nyenok - sore throat
miteki - co-operative group (p.52)
mizer - sexual jealousy
miwa gumbup - meditation, concentration (p.125)
mo gyoup - use of rosary in divination
moksa - p.4
mola - secret invocation to gods (p.221), speech-making
mongde - blind faith
mone - amenorrhoea
mone gyoup - love magic (p.124)
mopi - kind of Buddhist text (p.233)
moTa
mulju - sweat
naga - serpent deities (p.181)
nak - female yak with forward-pointing horns (p.246)
nak -
nakpu - black - 'black' practices etc. (p.241). See: /karu/
nak tsi - divination after a death (p.258). See: /tsi/
nalisham - black pepper. See: /ermang/
namdal - reputation, status
namdog - demerits, taboos, omens (p.193, 342)
namkha - trap for /shrendi/ (p.136)
namthar - biography of spiritual master(s) (p.125, 349)
nang cho - inside offerings. See: /chinche/
nangbi - inside
  nangbi cho - 'inside' religion (p.249)
nangdup - inside
nap - sickness (p.166)
narak tenok - nose-bleeding
narkyel - pride (p.59)
nasam - mind, intelligence (p.123)
nasam tong mesheu - lack of concentration
naua - comptroller of village lands (p.56); of natural resources
shing naua - comptroller of forests (p.56)
nemu - kind of sickness (p.166)
nenga - coloured strips of material used in healing ritual (p.238)
nepu - patient(s)
nepa - spirit of deceased (p.126, 306, 355). Cause of sickness (p.51) See: /pem/
newba - form of spiritual power. See: /long/, /nga/
neza - kind of sickness (p.166)
nga - power from fate (p.124), 'lower' than /long/ q.v. (p.118, 281)
kind of drum (p.226)
nganga gyoup - empowering of dice by blowing (p.233)
ngak - divine power (p.221)
ngakpa -
ngalding jalding -
ngalok / ngalak -
ngamar -
ngang -
nganga tungup -
ngantar -
ngapa banzin -
ngapa lama -
ngemongwi -
ngulen talkine -
ngulkile -
ngushi kendup -
ngwonzen betup -
ngwotsa -
nierwa - monastic role
nirim - kind of sickness (p.170)
nogar - co-operative group (p.52)
noksem / nasam - mind, intelligence (p.123-4)
nong - paranoia (p.200)
num -
num tse -
nuru - mix of flour and oil, used to massage skin
nye - egg-shaped ritual stone (p.125)
nyen - pilgrimage spot (p.120)
nyendar - healer's cloak
nyenga - magic
nyela -
nyemba chenok - asthma
nyenok / mita nyenok - sore throat
nyilok motoup - insomnia
nyimala opkyal -
nying -
ntingma -
nyingten matak - oldest unreformed sect of Tibetan Buddhism
nyinje -
compassion (p.289)
nyonTul - form of /chilap/
nyumbu - crazy (p.323)
nungnye - other-worldly goals (p.42); atonement ritual at monastery (p.121)
ong - 'high' power, spiritual power (p.118, 281). See: /nga/
tse ong - life-empowerment ritual
okyal - lunar eclipse (p.279)
nyimala okyal - solar eclipse
osho - ritual to satisfy 4 guardians
paDakyerup - belief (p.300)
Padmasambhava - great tantric lama, known to Sherpas as Guru Rimpoche
padme -
aum padme hum - Buddhist refrain
paken - bile: digestive ailment (p.122)
pam - plant used as medicine
panchayat - Nepali government
pang - birthing / postnatal depression (p.198, 356)
pangup - to renounce
parcha - form of luck (p.123)
parkakurup - to foretell, predict
partsen - abode of /tser/ and people (p.120)
paurche - form of power (p.124)
payin - merit See: /sonam/
pem - cause of sickness (p.51); projection of negativity (p.189, 355-356)
pem nerpa - witch spirit (p.220)
pembu - land tax collector (p.211)
peshangba - 'low' ritual person (p.136)
phak tsi - divination of relationships (p.258). See: /tsi/
phangi - Buddhist festival
phemba - ritual "dagger" implement
phembu - Bon tradition shaman
phu - power (equated with /nga/) p.273
phuluk - highest form of divination (/tsi/)
phungba - corpse
phuphu - blowing away of /shrendi/ p.273
pipi duk - dislocation of limb
piuwa -
cho piuwa - external religion
pizim - pregnant
poine - (gastric) ulcer
pongmar - 'low' plant-based medicine of /amji/ (p.197); for /tuk/
postum - home remedy for poisoning (from plants)
opTok - obsessiveness (p.199)
pradhan panch - Govt. rep.
prajnya - p.4
puk - cave
pum - female (p.356)
pumba - womb, vase for offerings (p.356)
pung / pang - postnatal depression (p.356)

xi
purang - small /shorten/ (p.251)
purnima full moon
     jana purunima - committed religious officiant
rabchung - alcohol, spirits
rak si - consecration
ram ne -
rangshurang - honey
ranggi chetup - suicide (p.200)
rangso
rastrinya form of sexually transmitted disease
rektuk - Tibetan medical texts
rgyud bzhi - /chilap/ from 'high' lamas
rig (rimpoche rig) - mantra (p.113); intelligence
rigpa - Hindu festival (p.290)
rikita parni - pills (of buckwheat, flour, butter, sugar (p.254, 263, 362)
ril - brown pills (p.255)
tse ril -
rilu form of /chilap/
     geshe rilu - form of /chilap/
     mani rilu - contagious diseases (p.290)
rim -
rimdu important Buddhist festival (p.214)
      mani rimdu - species of rat
rimung - shaman's 5-sided ceremonial headgear (p.219, 222)
ringa - free, voluntary labour (p.69)
ro -
roblang - dangerous spirit embodied in corpse (p.270)
rongpa - lowlander (non-Sherpa)
      rongpa dui - lowland demon
rsete - healing herb (p.264)
ru - bone, clan (p.61-62)
rkul - sheep's head soup
ru-lung - species of /roblang/ (p.270)
rutuk nap - shoulder pain
toothache
sa sugyenok - ritual offering vase, public exorcism ritual (p.127, 134, 137)
sabji pumba - p.238, 303
sabtak - village health worker (p.272)
sakar amji - form of Hindu power (p.293)
sakti -
salche - infection
samten kokpu - cra of bad luck
     samten lemu - former era of good luck
sane - food offerings to /nerpa/
sang - power of heart, purification, incense smoke (p.233)
      sang - sub-sect of Nyingma sect, to which Sherpas belong (p.105)
      sang ngak - secret offerings (vis a vis nangcho- inside offerings; chinche-
      sangche- outside offerings)
sang cho -
good character  See: /cho/
xii
sangye chumdende - the Buddha
sanggye - heaven (p.120)
sarau - mutual help
sarthi - low altitude sickness
sarthi duma nakpu - severe 'low altitude' sickness (p.322)
sayo - stinging nettle species used to treat diarrhoea (p.266-7)
se - legend
sebu - toothache
sem - existential state (p.123), 'soul', mind (p.251)
semak - form of venereal disease
sen - maize beer (p.75) See: /chang/
senpar - notched divining stick (p.235, 292)
serkim - offertory ritual (p.138)
serkyem - ritual offering / sprinkling of beer to gods (p.75)
seva kendra - (Nepali) cooperative group to help others (p. 53, 251, 317)
sha - flesh
diarrhoea medicine
shalmen / sholmen - exogamous relationship
shamden -
shartok -
  shya shartok - meat used in treatment (p.270)
  sharwa - blindness
  shawa - prostration ritual (p.135)
  she - soul's state after death
diarrhoea medicine
  shekin - eagle (garuda)
  shepou - soul disturbance at death
  shetang - aggressiveness (p.59)
  shetu - funeral (p.197); funerary ritual
  shimbu - form of non-life /nerpa/ (p.188)
  shing naua - controller of forests p.56
  shingmen - plant, flower used to kill lice and fleas (p.277)
  shinje - judge of the dead
  shinje chogyal - judge of hell
  shiru - miscarried, stillborn
  shiwa - peaceful deities (p.245); benign aspect of gods. See: /takbu/
  shokurup - throwing of dice in ritual (p.233)
  sholmen - diarrhoea medicine (p.266)
  sholup - diarrhoea
  shoup - invasive therapies (p.263)
  shrendi - cause of sickness (p.51); nonlife spirit (p.188)
  shrok - form of bad luck
  shrok lung - mental illness (p.75)
  shru - shaking (of shaman, as when possessed) (p.226)
  shukche - form of power (p. 124). See: /ong/, /nga/
  shukpa - healing herb sp. (p.262, 271)
  shunga - talisman (p.125, 350); (paper packet with threads given by lama
  for protection against evil)
shurup (kangba shurup) - form of paralysis
shya shartok - meat used in ritual (p.270)
shyo - boils; skin disease (p.199)
siśTuk - form of massage
siśa khorlo - wheel of life
siśakulu tangka - empowered painting (p.278)
sirdar - expedition foreman
smyoupa (blama smyoupa) - Tibetan mad saints
soke - sentient/rational beings
somu - traditional Sherpa ritual
sonam - religious merit (p.115, 119, 195, 207)
sondi - life spirit (p.188)
sri - 'low' species of /shrendi/ (p.194)
sri langup - death of firstborn (p.139)
sril tetuk - horse manure, burned to cure chest pain
sriń - insect species
sringe - exorcism ritual for a /sri/ (p.134)
srunga - picture/sketch, paper packet (form of /chilap/) (p.258, 279)
su - kind of flag, (rotating) with mantras printed (p.246). See: /tar/
sumu - kind of exorcism ritual (p.246)
sumu tuwu - failure in family relations (p.174)
sung - speech
sungā - empowered threads worn round neck (p.120, 189, 213)
sungdakshāp - divination by monks through texts (p.126, 350)
sungdi - empowered red and yellow strings (p.278)
sungma - protective deities of the soil, 'low' effigies (p.107)
supari - betel
suthi - a form of luck
syawa - fine
tabeup - divination ritual (p.284)
tabyo - divination
tak - tiger
tak/thak - blood
tak kiup - sudden copious vomiting of blood
tak gyoup - blood-letting
takbu - wrathful protector deities (p.245); ferocious aspect
taklang - species of /roblang/ (p.270)
Tala - form of luck
tala bitup - exile (p.55)
Taldim - interconnections
talkine - physical breakdown
tanak - 'low', private exorcism ritual (p.134), sending /nerpa/ to realm of the dead (p.136, 250)
tanga / tenga - rosary
tanga kindup - money lending (p.85)
tangi - monsoon secular feast for young people
tangka/thangka - empowered painting (p.278)
tap - prevention
tar - printed prayer flags (p.126, 238, 259)
tar shing - flags on wooden poles above house (p.263)

xiv
self-limiting sickness (p.170)
celibate monk (p.250)
spirit
form of luck
abode of gods (p.120)
classification of approx. 80 kinds of body conditions
commentaries on /kenggyur/ text (p.125)
exposure to cold, hypoxia (p.267)
social exchanges (p.69)
texts, ritual objects hidden in rocks etc. to be revealed (p.349)
exchange for acquisition of religious merit ('low') (p.69) See: /bulup/ ('high')
good, functional relationships (p.67), between equals (p.287)
vomiting of blood (p.191, 203)
good relationships (p.67). See: /tethup/, /tindup/.
maintenance of relationships (p.60)
lack of reciprocation (p.57)
empowered painting (p.125, 349)
envy (p.59)
hypertension
mineral-based medicine; black stone used for massage
hospitality offered in another's house, good luck - see: /bardo/ (p.71, 72)
ritual weapon/knife
form of (bad) luck (p.310)
fictive female kin (p.61)
joint sprain
fictive male kin (p.60)
thought
obligation
form of 'pulse sickness' (p.265)
good relationship (p.67) between people and gods
pollution (p.74, 192)
form of epilepsy (from /tip/)
nausea
phlegm, digestive ailment (p.122)
hypertension
stomach
stomach massage (p.267)
hermit lama
alcoholic drink from millet. See: /chang/

See: p. 259
torma - effigy (of dough) (p.76, 109, 249)
totul - Tibetan Book of the Dead
tsa - pulse, fever
tsa lhap - reading of pulse (p.270)
tsa tangmu - 'clean' pulse (p.241)
tsalam
   tsalam betup - empowerment (p.108)
   tsalam dangbup - blocking of /girpa/ (p.220)
tsam - religious retreat, necessary to maintenance of /nga/ (p.118, 295)
tsampa - roasted wheat flour (p.72)
tsangutup - roasted salt poultice to ease pain
tsari - 'high' form of /chilap/, given by highest lamas (p.255)
tsatangmu - 'clean' pulse (p.244)
tsawa - cause
tse - life-force (p.202)
tse ong - ritual for empowerment (p.202-3); for long life
   tse ril - form of /chilap/ - medium-sized brown balls (p.255)
   tse setup - lack of life-force, debility
tseesa - grassfields (p.80). See: /yersa/
tsen - protector deity (p.107)
tsen - weeds, spirits (p.263)
tsendo - exorcism performed by 'low' banzin lamas (p.134-5, 255)
tsenga tsali - reciprocal group
tsenggurmile - fate-caused sickness
tsenggulkile - a 'bad luck' illness
tsentuk - 'high' plant-based medicine of /amji/ (p.197)
tseryl - form of /chilap/ (p.255)
tseta - malaria
tsetar - life-preserving activities (p.283)
tsewa - compassion. See: /nyinje/
tsi - divination (p.266)
   tsi lhap - divination by /minung/ from texts (p.126, 260, 350)
   tsi lhapa - fortune-teller
tsigure - arthritis
tsim - body rib
tsirim - pre / post harvest ritual
tso - spiritual feast.
tsokpa - religious pollution (p.138)
tu - holy water (p.292); purifying liquid
tuk - poisoning (p.192, 194, 266)
tulku - reincarnation of a lama (p.122, 247, 282-3)
tulup -
   dui Tulup - to raise or lower (c.f. 'high' and 'low' concept) (p.260)
   to keep demons down (p.133)
tungma langyenok - form of nausea
tungsy - oath
u natang - rapid breathing
ubha pradhan - Nepali government official
umse - monastic role
upaya vijnyana - p.4, 19
woklu - underground abode of /lu/ (serpent deities) (p.120)
womba - deafness
yanggu - form of good luck
yasheba - /prajnya/ knowledge
yawa - slaughterer of animals (p.271)
yekim - high altitude medicinal herb
yamba - outcastes, butchers (p.60); ex-slave group
yer chang - summer 'beer' festival
yerne - other-worldly goals (p.42); monastery-based monsoon ritual
yergu - life exorcism ritual (p.134)
yersa - summer pasture (p.84). See: /gunså/
yetuk - corrupted beer (p.197); mineral based medicine made by /amji/ (p.198)
yiki - form of texts (p.266)
yindum - swastika from Bon Buddhist tradition
yitak - hungry ghost
yongduptséine - sickness whose causes are unknown
yu ril - form of /chilap/. See: /tse ril/, /rilbu/
yul - earth, soil
   lu yul - the ground, earth (spirits) (See: /lu/)
yul lha - ('high') earth gods (p.259); mountain deities
yum - text-based public exorcism ritual (p.134)
yuril - form of /chilap/ (p.258)
za/ zhya - rainbow spirit (p.266)
zakin / zakun - mental disturbance at lunar cycles; form of epilepsy (p.122)
zama dungup - poultice of warmed mud to relieve pain
zati - betel nut species used for mental illness (p.277)
zatuk - plant used in treatment of epilepsy
zecho - form of offerings (p.140)
zendi - wedding (p. 54, 307)
zerwa - wart
zhiptak - spirits of the soil (worshipped in /lachetu/)
zhya /za - rainbow spirit (p.266)
zozung - shamanic ritual (p. 134)
zopkio - crossbreed of yak (p.79)
zum - crossbreed species of yak (p.79)
zung - form of power (p.124)
### VOCABULARY FOR ILLNESSES

<table>
<thead>
<tr>
<th>ILLNESS</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>anemia</td>
<td>no vocab</td>
</tr>
<tr>
<td>asthma</td>
<td>nyembachenok</td>
</tr>
<tr>
<td>blindness</td>
<td>sharwa</td>
</tr>
<tr>
<td>burn</td>
<td>mesignok</td>
</tr>
<tr>
<td>cataracts</td>
<td>kerils</td>
</tr>
<tr>
<td>chickenpox</td>
<td></td>
</tr>
<tr>
<td>deafness</td>
<td>wombba</td>
</tr>
<tr>
<td>dislocation</td>
<td>pipiduk</td>
</tr>
<tr>
<td>carache</td>
<td>ayyoknyenok</td>
</tr>
<tr>
<td>eczema</td>
<td>no vocab</td>
</tr>
<tr>
<td>elephantiasis</td>
<td>no vocab</td>
</tr>
<tr>
<td>epilepsy</td>
<td>tipit (from tip)</td>
</tr>
<tr>
<td></td>
<td>zakim (astrol)</td>
</tr>
<tr>
<td>fever</td>
<td>tsa</td>
</tr>
<tr>
<td>goitre</td>
<td>ba</td>
</tr>
<tr>
<td>headache</td>
<td>go nap</td>
</tr>
<tr>
<td>impetago</td>
<td>krumu</td>
</tr>
<tr>
<td>limited vision</td>
<td>mimatonok</td>
</tr>
<tr>
<td>malnutrition</td>
<td>no vocab</td>
</tr>
<tr>
<td>measles</td>
<td>cha</td>
</tr>
<tr>
<td>mouth ulcer</td>
<td>kenangla matenok</td>
</tr>
<tr>
<td>mumps</td>
<td>no vocab</td>
</tr>
<tr>
<td>mute</td>
<td>kuwa</td>
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<tr>
<td>nausea</td>
<td>tungma langyenok</td>
</tr>
<tr>
<td>nosebleed</td>
<td>narak tenok</td>
</tr>
<tr>
<td>pimples</td>
<td>no vocab</td>
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<tr>
<td>smallpox</td>
<td>wendum</td>
</tr>
<tr>
<td>sprain</td>
<td>thounok</td>
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<tr>
<td>stomachache</td>
<td>toba sugyenok</td>
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xix
<table>
<thead>
<tr>
<th>ILLNESS</th>
<th>NAME</th>
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<tbody>
<tr>
<td>tonsilitis</td>
<td>no vocab</td>
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<tr>
<td>toothache</td>
<td>sa sugyenok</td>
</tr>
<tr>
<td>varicose vein</td>
<td>no vocab</td>
</tr>
<tr>
<td>wart</td>
<td>zerwa</td>
</tr>
<tr>
<td>whooping cough</td>
<td>no vocab</td>
</tr>
<tr>
<td>worms (Sherpas don't get worms only within valley)</td>
<td>mbu</td>
</tr>
<tr>
<td>NAME (ENGLISH EQUIV)</td>
<td>TYPE/CLASSIFICATION</td>
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<tr>
<td>----------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>ba (goitre)</td>
<td></td>
</tr>
<tr>
<td>champa (flu)</td>
<td>yes</td>
</tr>
<tr>
<td>chempam (mumps)</td>
<td></td>
</tr>
<tr>
<td>chhau (emotional illness caused by grief and touching dead person, i.e. attachment of soul, soulloss)</td>
<td></td>
</tr>
<tr>
<td>chungyou (swelling of body with water)</td>
<td>caused by lu</td>
</tr>
<tr>
<td>duine (chronic body)</td>
<td>no</td>
</tr>
<tr>
<td>dunggyoup (TB)</td>
<td>flying insect bites, allergy</td>
</tr>
<tr>
<td>girong</td>
<td></td>
</tr>
<tr>
<td>girwong (asthma)</td>
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<tr>
<td>goinap (illness from sleeping during the day after having champa)</td>
<td></td>
</tr>
<tr>
<td>goruchau</td>
<td></td>
</tr>
<tr>
<td>Condition</td>
<td>Yes/No</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>gayu nap (kind of mental illness coming from sleeping in afternoon after having champa)</td>
<td></td>
</tr>
<tr>
<td>jeshuruk (leprosy)</td>
<td>yes</td>
</tr>
<tr>
<td>kangba shurup (paralysis)</td>
<td>no</td>
</tr>
<tr>
<td>kaiser (fever, shivering)</td>
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</tr>
<tr>
<td>kong (scabies)</td>
<td></td>
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<tr>
<td>lachou (serious sudden panic)</td>
<td></td>
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<tr>
<td>laphnap (altitude sickness - different to paken if vomit blood)</td>
<td></td>
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<tr>
<td>lhendum (smallpox)</td>
<td>yes</td>
</tr>
<tr>
<td>lune (chronic body)</td>
<td></td>
</tr>
<tr>
<td>lungine (eg. yewa lungine - old age lung related illness)</td>
<td></td>
</tr>
<tr>
<td>ma (wound)</td>
<td></td>
</tr>
<tr>
<td>martum (dizziness)</td>
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</tr>
<tr>
<td>Condition</td>
<td>Treatment</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>Mikatasugyoup</strong> (mumps)</td>
<td>no</td>
</tr>
<tr>
<td><strong>Mone</strong> (no menstruation)</td>
<td></td>
</tr>
<tr>
<td><strong>Ngwolen talkine</strong> from ngulkile</td>
<td></td>
</tr>
<tr>
<td><strong>Nyopti</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Paken</strong> (acidity)</td>
<td>no</td>
</tr>
<tr>
<td><strong>Pang</strong> (depression)</td>
<td>no</td>
</tr>
<tr>
<td><strong>Phone</strong> (stomach disease, ulcer)</td>
<td>poine chronic</td>
</tr>
<tr>
<td><strong>Rektuk</strong> (sexually transmitted disease)</td>
<td></td>
</tr>
<tr>
<td><strong>Rsi</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Sarshi</strong> (low altitude sickness)</td>
<td>tengshi no</td>
</tr>
<tr>
<td><strong>Sebu</strong> (toothache)</td>
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<tr>
<td>Disease</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>shepou</td>
<td>Soul disturbance caused at time of death</td>
</tr>
<tr>
<td>shiru</td>
<td>Miscarriage, stillborn</td>
</tr>
<tr>
<td>sholup</td>
<td>Diarrhoea</td>
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<tr>
<td>shroklung</td>
<td>Mental disturbance</td>
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<tr>
<td>shylo</td>
<td>Impetigo</td>
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<tr>
<td>simak</td>
<td>Sexually transmitted disease</td>
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<tr>
<td>sri langup</td>
<td>Descendants suffer same death</td>
</tr>
<tr>
<td>srunriap</td>
<td>Sickness caused by insect sro in teeth and on apex of head (requires nga medicine between teeth and gums, and nox)</td>
</tr>
<tr>
<td>Condition</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-------------------------------</td>
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<tr>
<td>Tengshi (haemorrhoids)</td>
<td>Yes</td>
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<tr>
<td>Thok Kiup (vomiting blood)</td>
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<tr>
<td>Thuk (poisoning)</td>
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<tr>
<td>Tiwa (bile producing nausea)</td>
<td>Kind of paken</td>
</tr>
<tr>
<td>To Wang (high blood pressure)</td>
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<tr>
<td>Tsa (measles)</td>
<td>Yes</td>
</tr>
<tr>
<td>Tsengurmile</td>
<td></td>
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<tr>
<td>Tsesetup (allotment of life used up)</td>
<td></td>
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<tr>
<td>Tseta (malaria)</td>
<td>Kind of low altitude sickness</td>
</tr>
<tr>
<td>Tsigere (arthritis)</td>
<td></td>
</tr>
<tr>
<td>Tsokpa Shurup (polluted food)</td>
<td>Many kinds</td>
</tr>
<tr>
<td>Zakin</td>
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xxv
<table>
<thead>
<tr>
<th>Disease Description</th>
<th></th>
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<th>Place of Treatment</th>
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<tbody>
<tr>
<td>zakun (epilepsy)</td>
<td>no</td>
<td>tip</td>
<td>hospital, Lama Thorong Rimp in Kathmandu</td>
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<td></td>
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<tr>
<td>ze (18 kinds)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>zergyow (tightness of body - treated with siltuk)</td>
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xxvi
<table>
<thead>
<tr>
<th>NAME</th>
<th>TYPE</th>
<th>SOURCE</th>
<th>ILLNESS/ CONDITION</th>
</tr>
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<tbody>
<tr>
<td>aro</td>
<td>(kind of rima) 8 different kinds of medicine</td>
<td></td>
<td>paken</td>
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<tr>
<td>bangma</td>
<td>tongba, rice leftovers mixed with salt</td>
<td></td>
<td>rubbed onto bites dung gyoup</td>
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<tr>
<td>chakyibakyo</td>
<td>metal warmed and placed where pain is</td>
<td></td>
<td></td>
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<tr>
<td>chuipo</td>
<td>incense</td>
<td>plant</td>
<td></td>
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<tr>
<td>domen</td>
<td>rocks (tajal, gyemzil)</td>
<td></td>
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<tr>
<td>dupsong</td>
<td>incense</td>
<td>Kathmandu</td>
<td>tip</td>
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<tr>
<td>gogpatakok</td>
<td>crushed garlic/oil/wheat and elft for several days</td>
<td></td>
<td>lung illnesses</td>
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<tr>
<td>gyalden kakchung</td>
<td>flower (available only in Autumn in high altitude places)</td>
<td></td>
<td>champa, tiuja sore throat</td>
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<td>gyamzil</td>
<td>eaten</td>
<td>red stone (Kathmandu)</td>
<td>broken bones, anaemia</td>
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<td>gyemar</td>
<td>rotten butter</td>
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<td>massaged for tengshi</td>
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<tr>
<td>harjuri</td>
<td>leaves (Solu)</td>
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<td>broken bones</td>
</tr>
<tr>
<td>huling/yekim</td>
<td>plant (high altitude places)</td>
<td></td>
<td>champa/tiuwa</td>
</tr>
<tr>
<td>NAME</td>
<td>TYPE</td>
<td>SOURCE</td>
<td>ILLNESS/ CONDITION</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------------------------</td>
<td>-------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>kaTeme</td>
<td>black &amp; white stone worn around neck</td>
<td></td>
<td>zakim</td>
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<tr>
<td>kaur (camphor)</td>
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<td>paken</td>
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<tr>
<td>kenda</td>
<td>porridge-like</td>
<td></td>
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<tr>
<td>kukul</td>
<td>incense</td>
<td>Kathmandu</td>
<td>tip</td>
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<tr>
<td>kukul</td>
<td>incense (2 kinds - black, white)</td>
<td></td>
<td>zakim</td>
</tr>
<tr>
<td>kuram</td>
<td>honeycomb</td>
<td></td>
<td>lung excess illnesses</td>
</tr>
<tr>
<td>kyunga</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>kyungmen</td>
<td></td>
<td></td>
<td>stop vomiting (if no diarrhoea)</td>
</tr>
<tr>
<td>lami namsa</td>
<td>pieces of lamas clothes into fire</td>
<td></td>
<td>tip</td>
</tr>
<tr>
<td>lartsi</td>
<td>comprises part of rima and kyunga</td>
<td>testicles of deer</td>
<td></td>
</tr>
<tr>
<td>lete</td>
<td>like dry intestine</td>
<td>plant (low altitude places)</td>
<td>tu, lubze (used in all kinds of medicines)</td>
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<tr>
<td>lubze</td>
<td>lu medicine - offerings</td>
<td></td>
<td>lu illnesses</td>
</tr>
<tr>
<td>lukra seru</td>
<td>yellow flower (looks like sheep's horn)</td>
<td></td>
<td>excess menstruation problems</td>
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<tr>
<td>NAME</td>
<td>TYPE</td>
<td>SOURCE</td>
<td>ILLNESS/ CONDITION</td>
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<tr>
<td>-----------------------</td>
<td>------------------------</td>
<td>---------------------------------------</td>
<td>-----------------------------------</td>
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<tr>
<td>lukra mukpu</td>
<td>dark blue flower (looks like sheep's horn)</td>
<td>all kinds sicknesses, especially lung excess</td>
<td></td>
</tr>
<tr>
<td>lukra maru</td>
<td>red flower (looks like sheep's horn)</td>
<td>high blood pressure</td>
<td></td>
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<tr>
<td>masur (tali)</td>
<td>flower tali (high altitude places) leaves for incense</td>
<td>divine illness</td>
<td></td>
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<tr>
<td>menchang</td>
<td>mixed into chang</td>
<td>for tu (punh)</td>
<td></td>
</tr>
<tr>
<td>metza</td>
<td>bush burnt and applied to pain area with moxibustin</td>
<td>pain</td>
<td></td>
</tr>
<tr>
<td>nalisham (Tib phalush. maritsi)</td>
<td>black pepper</td>
<td>paken</td>
<td></td>
</tr>
<tr>
<td>namen</td>
<td>medicine</td>
<td>smelling through nose</td>
<td></td>
</tr>
<tr>
<td>ngalding jalding</td>
<td>green leaves (only in monsoon)</td>
<td>thuk (home remedy)</td>
<td></td>
</tr>
<tr>
<td>ngama (butterball)</td>
<td></td>
<td>swellings</td>
<td></td>
</tr>
<tr>
<td>ngwomen</td>
<td></td>
<td></td>
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<tr>
<td>num-tse</td>
<td>mixture massaged</td>
<td>pang</td>
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<tr>
<td>numtse</td>
<td>flour mixed with oil</td>
<td>paken (massaged)</td>
<td></td>
</tr>
<tr>
<td>NAME</td>
<td>TYPE</td>
<td>SOURCE</td>
<td>ILLNESS/CONDITION</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------</td>
<td>---------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>nyongTul (chilap)</td>
<td>jasak, tsari, mani rilu, yuri, tseril, chindren, duzichumin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pam (similar to shukpa)</td>
<td>medicine, incense</td>
<td>plant (Khumbu)</td>
<td></td>
</tr>
<tr>
<td>ponagar</td>
<td>root of plant (Roi)</td>
<td>tiuwa</td>
<td></td>
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<tr>
<td>pong da</td>
<td>plant (other side Phurte)</td>
<td>low altitude sickness tiuwa</td>
<td></td>
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<tr>
<td>pongmar</td>
<td>plant (Nubri Manay)</td>
<td>poisoning thuk</td>
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<tr>
<td>posum</td>
<td>green leaves (available in Solu from Rais)</td>
<td>thuk (home remedy)</td>
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<tr>
<td>rangshurang</td>
<td>honey</td>
<td>paken</td>
<td></td>
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<tr>
<td>rima/kyunga</td>
<td>red pills given by any</td>
<td>pills consist partially of tse nthuk</td>
<td>tiauker</td>
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<tr>
<td>rima</td>
<td>pills</td>
<td></td>
<td>all illnesses</td>
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<td>rimpoche rig</td>
<td>chilap</td>
<td>high lamas</td>
<td>all illnesses including prevention</td>
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<tr>
<td>rinjenrilu</td>
<td>mixture of tsimen</td>
<td></td>
<td>all illnesses</td>
</tr>
<tr>
<td>rukul</td>
<td>sheep's head soup</td>
<td></td>
<td>pang lung excess</td>
</tr>
<tr>
<td>rusul</td>
<td>substance similar to bone</td>
<td>Kathmandu</td>
<td>zakim</td>
</tr>
<tr>
<td>NAME</td>
<td>TYPE</td>
<td>SOURCE</td>
<td>ILLNESS/ CONDITION</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------------------------</td>
<td>-----------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>samen</td>
<td></td>
<td>green bush near walls</td>
<td>causes patient to shit (for treatment of thuk)</td>
</tr>
<tr>
<td>sayo</td>
<td></td>
<td>flower (Solu/Jorsale)</td>
<td>tiuwa/paken</td>
</tr>
<tr>
<td>seri mendok</td>
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<tr>
<td>shalmen</td>
<td>many kinds of medicine used for diarrhoea</td>
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<td></td>
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<tr>
<td>shukpa</td>
<td>(2 kinds - smooth leaves (not medicine) &amp; splintered leaves (medicine))</td>
<td>plant (Khumbu)</td>
<td>previous bath can be made kangbashurup/tsigure</td>
</tr>
<tr>
<td>silTuk</td>
<td>a) cold stone massaged</td>
<td></td>
<td>tighness of body zergyou</td>
</tr>
<tr>
<td></td>
<td>b) hot towel massaged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sriltetuk</td>
<td>horse shit burnt in fire</td>
<td></td>
<td>smoke cures chest, warms</td>
</tr>
<tr>
<td>thazal</td>
<td></td>
<td>black stone (available in Tibet)</td>
<td>broken bones (massaged)</td>
</tr>
<tr>
<td>tikta (3 kinds)</td>
<td>2 available &amp; only in Kathmandu &amp; India</td>
<td></td>
<td>tiuwa</td>
</tr>
<tr>
<td>tsaluta numkuni</td>
<td>rag dipped in oil</td>
<td></td>
<td>lung (massaged)</td>
</tr>
<tr>
<td>tsangutup</td>
<td>salt roasted and placed where pain is</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME</td>
<td>TYPE</td>
<td>SOURCE</td>
<td>ILLNESS/ CONDITION</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------</td>
<td>---------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>tsenthuk pongnak</td>
<td>for rima</td>
<td>plant (everywhere)</td>
<td>tengshi/sarthi</td>
</tr>
<tr>
<td>tsenthuknema</td>
<td>(kind of rima, kyunga)</td>
<td></td>
<td>lung</td>
</tr>
<tr>
<td>tsimen</td>
<td></td>
<td>animals - lartsi (deers testicles), samjen surungngoung (rhinoceros horn), tomti (bears bile), girwong (from man or animals liver - preferably elephant, also peacock &amp; black yak)</td>
<td>malaria, sickness with red eyes and hard breathing (asthma?) girwong considered the king of medicines</td>
</tr>
<tr>
<td>zadi</td>
<td></td>
<td></td>
<td>lung illnesses</td>
</tr>
<tr>
<td>zamadungup</td>
<td>warmed mud poultice</td>
<td></td>
<td>pain</td>
</tr>
<tr>
<td></td>
<td>applied to pain area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>zati</td>
<td></td>
<td>Kathmandu</td>
<td>paken</td>
</tr>
<tr>
<td>zatuk</td>
<td></td>
<td>plant (mountains)</td>
<td>zakim</td>
</tr>
</tbody>
</table>
## VOCABULARY FOR BODY PARTS

<table>
<thead>
<tr>
<th>BODY PART</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artery</td>
<td>tsa</td>
</tr>
<tr>
<td>Blood</td>
<td>tak</td>
</tr>
<tr>
<td>Brain</td>
<td>leta</td>
</tr>
<tr>
<td>Faeces</td>
<td>kyakpa</td>
</tr>
<tr>
<td>Flesh</td>
<td>sha</td>
</tr>
<tr>
<td>Intestine</td>
<td>gyuma</td>
</tr>
<tr>
<td>Liver</td>
<td>chumba</td>
</tr>
<tr>
<td>Lung</td>
<td>lo</td>
</tr>
<tr>
<td>Lymph gland swelling</td>
<td>lhakpa shroinok</td>
</tr>
<tr>
<td>Pulse</td>
<td>tsa (taking pulse - tsa lhap)</td>
</tr>
<tr>
<td>Rib</td>
<td>tsim</td>
</tr>
<tr>
<td>Soul</td>
<td>sem</td>
</tr>
<tr>
<td>Spinal cord</td>
<td>galchikpa</td>
</tr>
<tr>
<td>Spleen</td>
<td>kaldok</td>
</tr>
<tr>
<td>Stomach</td>
<td>toba</td>
</tr>
<tr>
<td>Sweat</td>
<td>mulju</td>
</tr>
<tr>
<td>Third eye</td>
<td>ekazati</td>
</tr>
<tr>
<td>Urine</td>
<td>ching</td>
</tr>
<tr>
<td>Vein</td>
<td>tsa</td>
</tr>
</tbody>
</table>
Thame Ong Village House Occupants:

1. Ngawang Tundu - Tibetan trader (came from Tibet about 10 years ago). Aged approx. 22.
   Shares wife (Tsing Doma) with older brother, Tenjungh: they have 3 children. Grandmother (Datai) also lives there = 7 people.

2. Lhakpa - now owner of Thame Lodge (previously agriculturalist).
   Wife is Lhak Puti. Clan: Dormintu. 4 children (2 daughters, 2 sons) at home: 2 sons on expeditions. House used by approx. 10 police for check post (rent is Rs.12,000).

3. Ani Phuri (female, approx. 88 yrs!)
   One single daughter (Hlamu, blind, approx. 45 yrs.)
   One son (Ang Nuru, approx. 40: now going crazy)
   Clan: Shengu (Husband: Thaktu clan, died long ago)
   Has problem, since daughter = blind and son = crazy.

4. Uninhabited. Pemba sold to Lhakpa because he no longer lives in Khumbu - police may build new house there.

   Carpenter. Wife = Ang Diki, a weaver.
   They mostly live in Mende - house then is uninhabited.
   3 daughters, 2 sons (13-30 yrs.): all live with parents, none married. Clan: Shengu.

   Wife = Ang Paseng. 2 sons, 4 daughters. (Eldest son = monk, other is married, 2 daughters married and living elsewhere.
   Conflict between Shengu Purba and daughter-in-law.

7. Ang Tsering, approx 30 yrs. Occupation = trader / agriculturalist. Wife (Pasang Kipa) from near Kanchenjunga 7 years ago, not yet fluent in Sherpa.
   Uncle = Lama Wongchu: used to share wife with Ang Tsering's father (dec.) then went to /gompa/ and gave everything to brother. Mother-in-law arrived 3 months ago. A.T. decided to move to Kanchenjunga, sold all animals and grassfields, but not houses because Lama Wongchu said No. Caused fight between Lama Wongchu and AT's wife, who struck him in face: A.T. also struck him. Lama W. then took /adiksha/ and UP to house: fight: Lama took PK's turquoise by force.
   2 children: wife's younger bro. also there. Clan = Lhakpa.

8. Lhakpa - Thame Lodge (6 people). Set up by son's money from expeditions.

   Clan = Shengu. Educ. = SLC. Has done /sodene/ for Pemba's sister in Thame Teng (i.e. Mingma Tenzing's wife's sister) but: "she hasn't come yet because she doesn't want to": must return money (Rs. 15,000 to UP if doesn't go (5 years ago was Rs.5,000 but was raised by PP - "a good idea because Rs.15,000 hard to get, and folk must stay married, like it or not".
   M.N. lives by himself, thus Kandi Lamu helps by looking after house, cooking, etc. Parents died c. 7 yrs. ago.
   Was elected UP for whole of Thame Valley and Namche, (only one with educ., prepared to do

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job. N.B. -Namche and Thame = 1 Panchayat -total of 2 in Khumbu).

   1 son (wants to be a monk). 1 son was sirdar but died 4 yrs. ago. 4 daughters and a granddaughter 
   also live there, and Apa's son.

   1 son.

   5 daughters, 2 sons (1 becoming High Lama in Charok) but only 1 daughter, 1 grandson in house. 
   Clan: Lhukpa.

   2 sons, 2 daughters, all living at home, 3rd.(eldest) daughter is married). Clan: Shengu. Wears thick 
   glasses.

   Wife = Ang Diki - clan: Shengu. 2 sons, 2 daughters, all at home.

   (Grandmother lived there - died last year).

16. Ang Puta (Gaga Puta). Approx. 80 yr. -oldest man in village. 
   (Lhakpa Tsering's older brother). Agric. Clan = Shengu. 
   Wife = Dami (approx. 80). 1 son, 5 daughters. 
   Son = Gyatsen (approx. 40: adiksha). Wife = Ang Phurba. 
   5 young children - all at home.

17. Pasang Diki - F. approx 40. Husband = Minga Tsering, in Kathmandu (works with STS). Clan: 
   Shengu. 2 sons, 5 daughters - all at home (1 daughter married).


   Father = banzin. 3 brothers (1 dead), 7 sisters(2 married) 7 people in house.

20. A. Puwa, approx. 50 yrs. Owns many animals. Clan: Lhukpa; no educ. 2 wives, doesn't speak to 
   1st. wife; no sons; 2 girls; 
   plus 2 from 2nd.wife.

   Dumb aunt and uncle, and younger sister to care for.

22. House uninhabited. Ang Kinzum used to live there.

23. Kunzang - approx. 70 yrs. Agric. Clan: Thaktu. Born in Thame Teng but moved after losing house 

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in flood. Wife = Ang Puti.
2 sons (1 in Darjeeling), 3 daughters (1 unmarried because "not pretty"). Son has 4 chn.

24. Dati - F. approx. 40 yrs. Clan: Shengu. Came from Thameteng this year: bought house from Phurba Namgya for Rs.34,000). Husband died on expedition: she got good insurance. Used to live also at Mingbo but lost fields in flood.
   1 son, 2 daughters.


   3 daughters; cretin sister-in-law also lives there.

27. Purba - approx. 28 yrs. Family from Tibet (he born in Thame).

28. Drolma - F. approx. 60 yrs. Born in Tibet: came to Thame as child. Husband (Tibetan) dead 1 year (fell over cliff in monsoon). 2 sons (1 is a monk), 2 daughters, daughter-in-law lives there (husband is a yak herder). Others join household sometimes.

29. Apa - approx. 29 yrs. Clan: Thaktu. Married, 1 son, but not living together yet. 3 brothers,
   2 sisters (4 in house).

30. JOHN DRAPER - house will go to Apa and wife.

31. Sangye - approx. 35 yrs. Clan: Shengu. Married to Solu woman, lives in Kathmandu. Trekker; 2 sons,
   2 daughters. Mother and sister visit from Lawudo to plant potatoes etc.

32. Chakpa - F. approx. 45 yrs. House belongs to PuTarkya (absent husband). Clan: Shengu. Agric.,
   no educ., no chn.


   Married: husband long ago dec. 4 daughters, 5 sons.
   Youngest daughter lives with her, with husband and 7 chn.
   (Daughter moved in since flood: house now belongs to her, but she is obliged to give mother a good funeral).


   -2 sons, 2 daughters.

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37. Ngawang Palmu - F. approx. 50 yrs. Sister of Dadoma (no.35)
   Nun through whole life, but not at /gompa/ (4 nuns at /gompa/)
   Born Thame: Clan: Shengu.

   Wife = Nyima (Tibetan)
   2 sons (1 = monk); 3 daughters.


42. Dati - F. approx. 50 yrs. Born Thame, single but not nun.


   Health worker at Kunde Hosp. Wife Dadoma (from Kunde).
   2 children (1 son). 2 sisters and aunt (Lhakba Norbu's mother).


TOTAL population of Thame Ong village: 203, plus Nepalis - non-Sherpas.
Thame Valley village layouts.

- Phunte = 8
- Samding = 4
- Tshum = 10
- Khon = 13
- Lawudo = 19
- Thamotang = 47
- Thamo = 3

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