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Shamanism and Ritual Healing'

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Nilisha Vashist

Shamanism and Ritual Healing

Nilisha Vashist, University of Delhi

Abstract

Ritual healing is a broad term used to denote diverse practices in order to heal variously affected individuals in a culturally embedded, idiosyncratic and ritualistic manner. Shamanism, as a form of ritual healing involves channeling of spirits from other world by mediums called as shamans in order to cure their clients of various illnesses and is a positive form of spirit-possession in anthropological terms. However, ritual healing also encompasses several other modes of healing which involve exorcising the spirits that in one way or the other possess the host and produce socially undesirable effects manifested as mental or other physiological illness. This rather opposite nature of possession seen in shamanism and ritual exorcism presents an interesting field of research both from cultural underpinnings and vis-à-vis the psychiatric and psychological parameters. As the trends have over the decades shifted from a downright mockery of such rituals by the scientific world to a more inclusive attitude hinting at the need to acknowledge and learn further from such ritualistic forms of healing in order to arrive at a more efficacious health system. This paper draws from the proceedings of one-day workshop conducted by Anthropology department of University of Delhi on shamanism and ritual healing aimed at promoting the research into this realm through an infusion of fresh ideas and active participation of researchers working in this field.

Keywords

Shamanism, Ritual healing, Shamans, Spirits, Possession.



Introduction

Shamanism and healing rituals with their associated healers have long been central to religious studies and anthropology, especially anthropology of religion and psychological anthropology. No wonder, shamans have been accredited as religious specialists (Balzer 1966) and ethnographies across the world and time emphasize healing rituals and curers under the rubric of a wider indigenous social system (Kluckhohn 1944; Charles 1995; Balzer 1966; Grim 1983; Noll 1983; Wallis 1999; Mooney 1896). Shamanism, as a phenomenon is sought to be explained through many adages most of which agree upon the role of altered states of consciousness and a voluntary mediator ship between the world of humans and spirits (Devereux 1956; Woodman, 1988; Taussig 1987). Shaman as a wounded healer (Halifax 1982) or a neurotic (Devereux 1961) or a social healer (Taussig 1987) has attracted much scholarly debate in anthropological and psychological circles. This is evident through bewildering amount of research done into various realms of the phenomenon of shamanism, ranging from descriptions of shamans, initiation of shamans, symbolism and allegory to understanding the trance behavior, narratives and discourses of shamanistic healing and explanations of efficacy (Eliade 1961, 1989; Grim 1983; Harner 1980, 1988; Humphrey 1980; Kapferer 1979; Lewis 1971; Mooney 1896). Besides, clinical psychology and psychiatry have also joined the bandwagon and have further intensified the discussions on shamanistic modes of healing, strengths and weaknesses over psychiatric cure as well as effective inclusion of culture specific etymologies and illnesses into official psychiatric categories like diagnostic and statistical manual (DSM) and international classification of diseases (ICD) (van Duijl et al 2005, Kirmayer 1997). A part of this renewed interest has also stemmed from the re-emergence of shamanistic movements in the west in spite of a strong and functional psychiatric healthcare system. The emergence of neo-shamanism has refueled the need of understanding this phenomenon deeply not only from an indigenous culture perspective but also from the view of a more ecological and numinous category of phenomenon.

Whereas shamanism has mostly been seen as a phenomenon of tribal religions, ritual healing has wider connotations which not only includes shamanistic rituals of healing but also all those rituals and ritual specialists who function under a structured system of various religions like priests and diviners as well as many folk healers that draw their healing attributes through some or the other ritual channeling the energies of transcendental entities. Many authors suggest faith healing as somewhat similar or synonymous to ritual healing taking the analogy of placebo effect from biomedicine (Edgerton 1971, Herrick 1983, Moerman 1983). Much of the ritual healing finds official recognition under the umbrella term of complementary and alternative medicine (CAM). The wide acceptance of this type of healing at the local levels has been the major factor in stirring scientific research towards substantiating, merging or modifying and including such healing in a systematic manner. The ritual healing meant to ward off spirits or exorcism (unlike shamanism which adorns them) is reported in popular media from all over the world- west and non-west alike. Much of the ritual healing draws queerly from religious paraphernalia while remaining somewhat at the fringes of established doctrines of that religion. Though psychiatry

and anthropological works on ritual healing of possessed have followed antagonistic routes yet they offer insights into a more effective and better accepted system on an inter-disciplinary level. Various studies have highlighted the experiential, embodied, trance behavior, social and cultural underpinnings of possession of ritual healing of the possessed (Lambek 1981, Turner 1992, Csordas and Lewton 1998, Sax 2009).

The one day workshop organized by Anthropology department, University of Delhi, revolved around the aforementioned themes and aimed at bringing forth fresher insights into the topics of shamanism and ritual healing by discussing various theoretical, practical and futuristic ideas to shape ongoing and future research in a more applied manner on shamanism and ritual healing. The workshop saw a medley of ideas, memoirs and experiences from the participants in order to steer future research attended by V. K. Srivastava, S. M. Channa and P. C. Joshi (Professors in University of Delhi), R.P. Mitra, C. Mahajan and M. Srivastava (Assistant Professors in University of Delhi) as well as numerous research scholars and post-graduate students. The screening of two documentaries on shamanism and ritual healing by Michael Oppitz and Helene Basu respectively also added to the thematic rigor and were discussed upon in the workshop.

Shamanism and the changing trends

The field of study dealing with shamanism and shamanistic healing has seen numerous trajectories since its earliest inclusion into western terminologies in the seventeenth century, first in travelogues of explorers and administrators and later in the anthropological and religious studies discussions. Largely discussed under anthropological terminologies, shamanism saw numerous shifts from an evolutionary (magico-religious) to a functional to a more of phenomenological perspective with recent trends also looking at the larger realm of shamanistic healing and alternative modes from a clinical or psychological point of view. S.M. Channa not only discussed the linguistic roots of word shaman tracing to Tungusic language of Tunguk people of Siberia and a possible Sanskrit origin in the term *shramana* to denote wanderers who were healers on the margins of great Hindu tradition but also described important works of Mircea Eliade (1972, 1989) on shamanism as benchmarks in anthropological discourse. Shamanism involves a practitioner reaching altered states of consciousness in order to encounter and interact with the spirit world and channel these transcendental energies into this world, generally for divination and/or healing (Hoppal 1987). The talk covered various aspects of shamanism, including the difference between possession and trance (Bourguignon 1968, 1973), transition from marginality of spirit affliction to control of the spirits (voluntary nature of possession), induction of trance through various means like drum sounds, drugs and hallucinogens, sensory deprivation, etc. and culturally rooted mode of healing. The shamanistic principle of healing based on harmony of nature by restoring the loss of soul and deeper connections with the culture though local mythology and socially accepted terminologies make shamans social healer who are very efficient in dealing with patients in vernacularly understood idioms of distress.

P.C. Joshi also highlighted aspect of social healing of shamanism by citing his own study done among the *Jaunsari* people of Himalayas (Joshi, 2010) where shaman is an expert at *sociopsy* (like autopsy in medicine) and performs the three major tasks of oracle, family counselor and a therapist. The relevance of shamans in a place where there is a conspicuous absence of psychiatrists is a part of the social milieu therapy where the shaman not only heals and rehabilitates the affected in a culturally appropriated manner but also is one of the earlier healed rehabilitees. Thus, the rehabilitation of the affected individuals is not only de-stigmatized but also made much more lucrative unlike those who consult psychiatry and end up living with the stigma of mentally disturbed for the rest of their lives. Discussing shamanistic healing in Himalayas, he discussed the distinction between good and bad possession where socially desirable possession is known as *bawal* and leads to initiation of the shaman who at the beginning is called *naitor* and over time manages to control the spirits and channel their energies at will becoming a *bochwan*, an expert shaman. These shamans are supposed to follow certain rules regarding purity and pollution and emulate higher caste individuals in their manner of living hinting at the deep set linkages between caste-hierarchies and native cosmologies that draw sanctions from local myths and traditions.

The rich world of symbolism, mythology and culturally intrinsic nature of shamanism is also highlighted in the documentary titled “Shamans of the Blind Country” by Michael Oppitz (1980) depicting the shamans of northern Magar in Nepal. The documentary followed the lives and rituals of the shamans that drew from the allegories of fables, myths and local symbolism and covered various rituals associated with shamanism like the healing ritual involving balancing the loss of soul and also curing the affected by sucking out the impurity as well as the initiation of shamans. The multi-faceted personality of shamans as healer, diviner, an everyday worker and hunter and a therapist were showcased in a fluidic style of narration enriching the knowledge on ecologically rooted and culturally valued nature of shamanism.

While talking about the change of perspectives of looking at the whole phenomenon of shamanism, S.M.Channa described the critical shift from dealing with shamanism in functional terms to a more socially constructed phenomenological reality which largely arose due to western dichotomy between mind and body, anomie as described by Durkheim (1964) and also a greater disjunction between humans and their environment. This has led to resurgence in shamanistic movements around the world like neo-shamanism in the west from 1960s onwards and *maibi* culture of Manipur in India (Kshetrimayum 2009). Such movements towards shamanism variously offer insights into numerous recent trends worth researching in shamanism like questions on gendered nature of shamanism, ecological affiliations in shamanistic cultures and a systematization of shamanistic modes of healing. Also among the topics worth considering would be the role of numinous experiences as well as linguistic subtleties associated with shamanism (like ascending of the evil and descending of the good spirits).

Ritual healing: Exorcism at Mir Datar Dargahand Mehndipur Balaji Temple

The field of ritual healing of people afflicted by evil spirits presents another aspect of possession and trance where unlike shamanism; the host is not in voluntary control of the mounting spirits. This type of possession being socially undesirable is taken to be an affliction or malady that needs to be cured through exorcizing the evil spirit(s). The exorcism which aims at expulsing the afflicting spirits through means of punishments is a reverse of adorcism done by shamans where they willfully command the spirits to take control of their bodies.

Describing the ritual of exorcism at the *dargah* (shrine) of Mir Datar, a saint with magical abilities mentioned in the local history in Gujarat, India; the documentary titled “Spirits of Envy” by Helene Basu (ND) brilliantly described the local beliefs of people regarding spirits and the nature of their afflictions, role of sorcery in spirit-possession and various aspects of healing at the *dargah*, like the analogy of a court where the afflicting spirit(s) are compelled to appear for the trial called as *hajri*, the jury of 52 saints that decides the case against the intruding spirits and the rituals meant to ward off the spirits involving possession trance through the means of interviews and narratives taken from the afflicted, their family members as well as the healers. The documentary also shed light on the pan-Indic nature of such shrines where healing nosology is agreed upon by people belonging to different regions and religions. Also, the family members of afflicted were seen as caught between various systems of healing highlighting the multiple health seeking behavior where the affected had consulted doctors and psychiatrists prior to visiting *dargah* and were stigmatized at being labeled as mentally disturbed by the psychiatrists.

Prof. V.K. Srivastava opined that as anthropologists, one is empathetic to the phenomenon of spirit-possession unlike most of the psychiatrists who see in these rituals an aberration. So, the anthropologists strive to unravel the deeper culturally embedded realities which locate spirit possession in different realms of structure and function of the society. Citing Obeyesekere (1970), who compared the healing done by psychiatrists and shamans, he called ritual healing places as hope generating unlike the skeptical frame of psychiatric healing where the patient lives with the disease even after cure.

Sharing his lively reminiscences of Balaji temple at Mehandipur, Rajasthan, one such healing place renowned in northern India, he recalled his two visits in 1979 and 1986 during which he came across rituals meant to ward off the evil spirits afflicting the visitors at the temple premises. During the first visit accompanying an elderly woman who went for a votive offering called *savamani*, after a successful healing and the second visit along with the family of a schizophrenic (who ultimately had a tragic death) in a group consisting of two psychologists and an administrator, he was shocked at the sight of fellow travelers entering into trance known as *peshi* and found it oppressive to see many afflicted shackled in chains or weighed down with heavy stones on their chests, the afflicted given ceremonial hanging by thrusting them upside down at the temple hall. This in addition to also various taboos concerning accepting of *prasad* and other food items and advices against looking back upon departure lest one should catch spirits which

all built up an atmosphere of fear in and about that place. Following updates by Prof. Joshi after his recent visit to the temple that such practices are no longer practiced, he contended that abolishing of repressive practices is inevitable as such places which institutionalize fear move from repression to restitution (following Durkheim, 1964) and also from collectivism to individualism over time. Reminding the gathering about the tragic death of many mentally ill patients kept tied to their beds due to an accidental fire at a *dargah* in Maharashtra, he called for more humanistic and careful approach to be followed for treatment of such patients, be it at psychiatric wards or ritual healing places.

Discussing about her ongoing research in Balaji temple at Mehandipur, Nilisha Vashist, described the healing ritual followed in the temple to exorcise spirits possessing the afflicted visitors. The temple known widely over northern India for exorcism and spirit propitiation has been the field for numerous studies in the past, major among these focusing on nature of afflictions, catharsis as a principle guiding healing and family centered nature of treatment (Dwyer 2003, Kakar 1982, Seeberg 1992, Pakaslahti 1998). After a brief overview on history of temple, nature of clientele and typology of afflicting spirits as well as nature of afflictions, she highlighted the liminal nature of the temple as a site of healing which relegates the established hierarchies of caste (supremacy of the servant Hanuman over master Ram and other caste Gods) and class as well as ideal normative behavior in terms of gender, age, speech, dressing, etc. Such liminality serves to symbolically unmake the afflicted in order to remake them anew which also led to her brief discussion on the symbolism of holy dirt and ritual of bathing in dirty drainage water by the afflicted. The ritual followed at the temple consists of a systematic offering of different food items to various deities in the temple who each specialize in a particular procedure in dealing with the spirit(s) in a manner of a court in the general sequence of *arzi* (petition against the intruding spirit), *darkhast* (request), *peshi* (trance) and *bayaan* (confession by the spirit). The analogy of a court for a temple deciding the case of an afflicted is widespread in being used equally in temples and *dargahs* and other such shrines. The local healers or *bhagats* also function parallel to the temple priests and offer their services as a mediator between the spirit, self and the wider community to numerous clients. She also talked about the differing nature of possession behaviors across various sites of the temple bringing in the concept of great and little traditions in possession trance and a constant and antagonistic interaction of the structure and anti-structure, treating it as a temple complex. The range of possession behaviors and accompanying trance merits a further enquiry in order to understand the complexity of phenomenon as opposed to earlier researches which talk of possession as a homogenous realm and might offer newer insights into the studies of ritual healing of the spirit-possessed and the possible exchange of ideas and co-operation between the psychiatrists and the folk-healers.

V.K. Srivastava narrated an incident from his life where he accompanied a man suffering from problem of hair loss to a folk healer who after reading some grains told him that his problem has no roots in supernatural realm and that he should consult the doctors for an effective solution,

thus, describing how there exists a greater flexibility and acknowledgement of the efficacy of their cure among the folk healers who do not claim to be a panacea for every malady. However, such an attitude is often lacking in the scientific world of doctors and psychiatrists.

Pondering over the question of incessant seeking of places of ritual healing by people for cure to many maladies referred to by psychiatrists as mental illnesses, he built upon Prof. Joshi's description of better rehabilitation of affected by ritual healers in saying that ritual healers and healing places bring the affected back to family owing to their collectivistic nature which offers a family-therapy unlike the psychiatric therapy where the affected is isolated and withdrawn from the wider world. Also, the stigma that is associated with being labeled as mentally ill is mitigated by transferring the burden of illness on other entity, a spirit, in ritual healing. On more typological aspects of the spirit possession, he urged researchers interested in this topic to enquire into the fields of cultural modeling of the phenomenon of possession and healing like absence of explicit category of spirits of higher caste Hindu individuals as opposed to category of spirits that belong to Muslim or lower caste Hindu individuals in classification discussed by Nilisha and an enigmatic involvement of transcendental deities like Shiva in healing. He also categorized spirit affliction under one or more of three types, where the spirit afflicts- 1) due to negligence on part of family/individual and need propitiation (ancestor spirits), 2) due to sorcery for revenge or out of jealousy and 3) due to its own animated nature of liking some particular aspect of afflicted depending upon their own dispositions.

P. C. Joshi summed up the diverse threads of topic by highlighting how the modern psychiatry is also acknowledging the efficacy of ritual healing by citing his conversation with R.Chadda, a psychiatrist, at All India Institute of Medical Sciences, who narrated the case of a woman suffering from dissociative disorder who recovered at Balaji after long time of no improvement at their ward while at the same time expressing concern over the rigidness of most other Indian psychiatrists who refuse to acknowledge the presence of ritual healers as effective. This drew in comments from S.M.Channa, who gave the example of western psychiatry which is now looking forward to modes of healing other than just the accepted scientific ones and how Indian psychiatry needs to learn from them. P.C. Joshi also added that shamanistic and other forms of ritual healing are going to persist in future as well as these are more than just an alternative to psychiatry or psychotherapy as ritual healers like shamans also act as agents of justice and counselors in the societies they serve due to a socially accepted status of a gifted and powerful person and hence, are intricately linked with functioning of that particular society.



Discussion

The shift in studying shamanism from a functional to a phenomenological perspective involves delving of the researcher into a deeper world of subtle and at times contradictory nature of realities involving states of consciousness and the understanding of this and other world. However, such studies often run the risk of overlooking the personality traits of the shamans and the functional aspects of shamanistic rituals and trance. R.P.Mitra raised such a point by citing example of a shaman from his own research among the Oraons who learnt the role of a shaman through an arduous pathway that also depended heavily on his own personality traits. So, he enquired as to how justifiable it is to strip off all the positivistic attributes from the shaman and focus only on the world of spirits and meanings. To this, Prof. Joshi said that these aspects represent different realms of the phenomenon. So, to start with a shaman may or may not have practical deftness but invariably all shamans have to pass through a culturally accepted method of channeling the spirits at will. So, one could focus on the traits of shamans, but for a better understanding of the complex phenomenon of possession and trance, invariably deeper meanings have to be uncovered. The three points on which shamans are strikingly noticeable are- 1) the belief of shamans in their methods, 2) the belief of clients of shamans in their methods and 3) the belief of community in shamans. However, what has been problematic in shamanism is the inability of shamanistic terminologies to be adapted into the western terminologies resulting in consolidated communities.

S.M.Channa commented on this aspect by saying that neo shamanism is based on individuals forming their own communities based on numinous experiences. Discussing about the inadequacy of psychiatric care in rehabilitation in Himalayas, she also highlighted the parallels seen in west as even though an abundance of psychiatrists, ineffective rehabilitation of the affected has led to a resurgence of neo-shamanistic practices. This could be taken as an important point in directing further researches into trans-disciplinary nature of health systems.

The states of consciousness have been an important aspect of ritual healing involving shamanism and spirit possession. A number of query points belonging to this like the inter-subjective nature of understanding of trance by the shaman and the client, the gendered aspect of possession and the phenomenology of altered states of consciousness were discussed upon by the students and the professors. Answering to the question of whether the possession by spirits is indicative of a certain gendered approach like the spirit of a woman possessing a woman or a man, S.M. Channa said that spirit of any gender can possess any host and most of the times the gender of the spirit is not even known to the host. Talking about the altered states of consciousness (ASC), S.M. Channa and P.C. Joshi were of the opinions that the ASC experienced by shamans and other ritual healers is



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something more than the ASC experienced in general. So, whereas the ASC may be induced by certain drugs, etc. the ASC experienced by a shaman is essentially voluntary and the shaman is in control which may or may not be the case with others experiencing this. Also, the ASC experienced by a shaman is more enriching, positive and socially desirable kind of phenomenon that makes it different from the clinically described ASC. Thus, one may well call such an altered state of consciousness experienced by ritual healers like shamans as shamanistic state of consciousness.

Raising the issues in methodology and reflexivity over fieldwork in areas dealing with mental illnesses, possession and ritual healing, M. Srivastava expressed her opinions about the difficult nature of fieldwork for young researchers in such a scenario as the researchers may be naïve to the native cosmologies and not know what questions to ask and since they themselves have never been an afflicted or the healer, they may not be in a position to fully understand the emic point of view leading to a fragmented data. Also, the question of researcher's bias by believing in/not believing in such a phenomenon may render the research unscientific.

V.K. Srivastava beautifully discussed all these points by saying that one needs not be a victim or a healer to understand the perspective of a victim or a healer and that is what has been the strength of anthropology. Anthropologists specialize in providing emic perspectives by studying in depth a given culture, they may begin as a naïve but learn in the course of their fieldwork what questions to ask and this is a continuous process that leads to a thick description. The ability of anthropologists to emphatically relate with the people whom they study situates them in a unique position where they are most suitable to conduct researches in fields that hover over both scientific and cultural domains, unlike the psychiatrists and other such scientists who are rigid in their approach and rubbish the existence of such phenomenon. Also commenting on the aspects of reflexivity, S. M. Channa agreed with Nilisha in saying that for a researcher, it is impossible to be truly objective due to the very reflexive nature of being a socially constructed human imbued with certain values. She furthered the thread by explaining that acknowledging the bias that might have crept in due to a researcher's inherent qualities is the best and most ethical way of dealing with such topics. Commenting on the postmodern turn in anthropology, V.K. Srivastava said that we are living in an age where we believe less in grand theories and hence, researchers must stress on developing the local nosology focusing on the idiosyncratic nature of knowledge production and perpetuation.

Conclusion

Commenting on topics discussed in the workshop, V.K. Srivastava called the workshop to be truly anthropological in the sense that it covered diverse threads of the themes under discussion focusing on an interactive, experiential and remembered learning. It was observed unanimously that Anthropology as a discipline has much to offer for both scholarly and applied domains in the field of shamanistic and ritual healing. Not only we bridge the gap between science and culture but also offer a downward up approach to foster better collaboration and exchange of culturally

valid ideas between the scientific and the folk healer. Thus, on the matters of better inclusion of folk systems of healing including ritualistic healing of the mentally disturbed, anthropologists should focus on more such studies which ultimately would lead to a better informed health policy that incorporates both the dimensions of healing calling for improved nosology of symptoms, illnesses and afflictions.

S.M. Channa and P. C. Joshi also opined that there is a high need of moving inter-disciplinary studies in this dimension to come up with new ground breaking conclusions. The role of Indian psychiatry is highly crucial in this regard which though much more open to ideas of incorporating folk healing systems has largely remained skeptical on these phenomena. Indian psychology and psychiatry unlike the western counterparts have remained cast in decades old theories about these aspects.

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