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**SENSUOUS TERRAINS AND EMERGING EXPERIENCES
IN TIBETAN AND PERUVIAN HEALING**

BY JONATHAN TAE

BACHELOR OF ARTS IN ANTHROPOLOGY & PHILOSOPHY

THESIS COMMITTEE

GEORGE MENTORE

DAVID GERMANO

SECONDARY READER

EDITH TURNER

ALL NAMES HAVE BEEN CHANGED TO ENSURE CONFIDENTIALITY

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PREFACE:

Lhasa, Tibet – October 2006

The skin of his fingers folded and melted around his knuckles in a way that only time could achieve. I had only a cold that had taken over my chest due to the cracking temperatures of a Tibetan winter but I had wanted to be touched by him. A white cotton hat balanced on his head that housed a deeply set pair of dark eyes. He sat in a chair hunched slightly over a prescription pad written in Tibetan and Chinese. In his right hand he held a huge ink pen with which he scribbled sporadic notes in shorthand. He spoke quietly, as though not to disturb the other on looking patients who sat and hovered in the same room. I explained in return where my pain was emanating from and how my head felt heavy to hold. He turned and beckoned for my right hand. I wondered how many people he had touched in this way. We leaned into each other and as our bodies connected the murmuring voices that fluttered in the background dulled to silence. I felt my blood pulse through my veins; I was being reflected back into myself under his three fingers that were resting with a subtle pressure along the soft ridge of my wrist. His eyes looked into mine and glazed over. He was listening, feeling, seeing and almost tasting the rhythms of my wind, bile and phlegm. His three fingers vibrated to my body and he searched for balance. I tried to listen too, feeling the reflections but I lost myself in the complexity of my own rhythms. He, however, had found what he was looking for and left my hand floating in the air to take up his pen and fill out a prescription. He moistened his lips in the dry air of the room and told me to take this slip downstairs to the pharmacy. He smiled and said I was going to be fine in a few days. I needed rest and to stop thinking so much, too much pondering was heightening my winds, I suffered from passion.

London, England – December 2006

London's winter wasn't as cold as Tibet's but its dampness quickly soaked into the dry cavities of my joints. My parents thought I was too thin and insisted that I visit the family doctor. I went, for them, and the nagging scientific incipiency that seeps from some inner core of my English upbringing. He sat, charming and sharp behind a beautiful mahogany desk that not even Moses could have parted. We were alone in his office and spoke frankly about the possible bacteria that might be harbouring itself inside my gut or lower abdomen. I told him I felt well and although he concurred, he felt it a wise idea, given my previous living location, to just run some tests anyway...to be sure. It was obvious he knew more about medicine and my body than I did and so I trusted his judgement. A needle pierced my skin and drew my blood into a small tube. When the first had filled he replaced it with an empty one and placed the filled tube in front of me on his desk. I saw my blood swell and curl until it came to a rest, lifeless and limited. I saw a hint of reflection of myself in the glass, but felt nothing. When I finished bleeding for him, I urinated into a cup and defecated into a small container. These emissions of my body were placed into an envelope, sealed and sent by a courier through the streets of London to a medical laboratory. I left his office and travelled west out of the city to my home while another part of me travelled east into the city centre. A week later I received a printed letter; my bacteria level was negative, virus level negative. I suffered from nothing.

Lima, Peru – May 2007

When I was in Lima, engulfed by its massive population, endless ongoings and energetic vibrancy, it was difficult to hold a perspective on the place. It was only when I was sitting on my surfboard lulling over the waves that I could sit back and stare at the tumultuous urban sprawl on top of the cliffs and conceive of it in its entirety. But in paddling in and climbing the steep incline back into the high-rises of Miraflores, I immediately understood that any idea of 'entirety' in regards to this amorphous city was completely flawed due to its limitless relations and dynamic connections. As a newborn anthropologist, nothing scared me more than the ride home from the ocean and the sensation that I was drowning in my ambitions of understanding the healing practices of this city.

"Ayahuasca" she said, "will show you your greatest fears and show you where you are sick. By showing you all the relations that arise out from you and into the world, you will understand where your sicknesses lie." She had an air of excitement behind her words, as though she were the ticket master to the largest rollercoaster ever invented. Although the small print said that I couldn't see the ride until I had signed up. The expanse of the universe that she laid out terrified me, as did the limitless of the city. She offered me exposure to something so infinite and complex that I felt too shy and scared to even consider taking the drug. I left her without agreeing to try it, not ready for the visibility she offered, wondering if I was then ready for what this city held within its people. I was too scared to see my own ignorance and suffering.

INTRODUCTION:

We have all felt it, the thickening sensation of sickness welling up from the insides of our body, arising and relentlessly pulsing from some inner point of origin. Eventually the feeling bursts and sickness radiates from the marrow in your bones to the tips of the hairs on your face. As the experience thickens, our perceptions of the world thin, as if our eyes were squinting due to a blinding light streaming from the brain. We no longer hear the joyful melodies in music or taste the tempting aromas of a cooking breakfast; instead, as the internal struggle for healthiness continues, our experiences of the external world of stimuli are dampened and rendered uninspiring. But for many of us, a pivotal point of change can manifest itself. The shift brings about a reawakening of our senses and our perceptions. We begin to breath deeper, allowing the world to once again manifest itself in our most sensuous inner experiences. ‘Healing’ is the term often employed to capture such an awakening of the experiential self. In most cases, we like the way it feels when our sensations emerge into the world after being subdued by sickness. Imagine the sensation of relief when a three-day toothache subsides, or when a depressive funk caused by a quarrel with a lover dissipates with mutual understanding. Healing is something we willfully experience in our every day lives and hence a process that we encourage and strive to achieve.

From this visceral and experiential fascination with healing arises my thesis question:

How do we, as living and experiencing human beings, participate in the process of healing?

I want to focus on participation through two different levels of specificity. Firstly, I am interested in the immediate and visceral relationships of people to the healing process. I want to explore the experiences of healing that operate below a conscious level yet fully informed by culture and an intelligent body. My interest lies in the subtle yet

pervasive experiences of the self that define the healing process. Secondly, I am exploring the participation of socially and culturally defined persons in the process of healing. Healing is not only an experiential phenomenon, but also a practical and applicable process. There are healers and patients, medicines and techniques, spaces and times, physiologies and psychologies that are all represented and made visible through culture. I want to engage the very practical manifestations of cultures of healing in order to better understand how culturally emergent persons interact and experience healing.

The thesis breaks down into three subsequent questions that define the structure of this paper.

1) What does it mean to be in a state of sickness, healthiness or healing and what role does language play in defining these states?

The unavoidable creativity that language and speech play in defining our thoughts and understanding of the world leaves us no choice but to begin this study by looking at the terms used to represent and characterise the processes of healing. By questioning language used to define ideologies of healing we ultimately explore the ideologies themselves. Therefore, this paper begins by examining our conceptions of healing and healthiness. After refining our notions of these two foundational concepts I explore how language reflects the differing ways that Tibetans, Peruvians and the West conceive of healing. The aim of contrasting language structures is to prepare the reader to fully understand and appreciate the subtle differences in the systems of Tibetan and Peruvian healing.

Having defined the terms and opening up the possibility of new approaches to healing and healthiness, we require examples of human beings that practice and undergo such processes. More importantly we must begin to understand their “position in the world.” Hence the second question that follows reads:

2) What are the cosmological contexts of Tibetan and Peruvian healing practices and how are they practically manifested in healing techniques?

In order to fully understand a healing practice including the motivations and experiences of those involved, one must first understand the cultural and cosmological contexts that shape the worlds they interact with. Only in this section have I divided my ethnographic material into Tibetan and Peruvian sections. This came as necessity to accurately and satisfactorily explore the practices of these two cultures. Although I later claim that their approach to healing shares similar qualities, the practices themselves and the cosmologies that house them are visibly different. Validating such pragmatic differences is required, as naively merging the two would be glancing over thousands of years of history and ideological founding. Hence the ethnography has been written in a fashion that while honouring the uniqueness of each practice, it still speaks to the underlying symmetry that unites them.

With the understanding of the cosmology, theory and practice of both healing processes, we can pose the final question:

3) What conjoins Tibetan and Peruvian healing practices and differentiates them from Western practices?

In an attempt to answer this question, I draw upon the philosophical theory of phenomenology, especially the work of Maurice Merleau-Ponty, to show how both Tibetan and Peruvian healing practices employ phenomenological understandings of the self's participation in experience. Phenomenology is the study of the "consciousness *as we experience it*" (Smith 2007:98). It attempts to bring the origins of our objectified world back into experiences themselves and hence back into subjectivity. After explaining phenomenology and its avoided path in anthropology, I offer the idea of 'Phenomenological Healing,' that encompasses practices that focus their attention on the complicated and involved experiences of both patients and healers. Phenomenological healing places the healing impetus back into the subject of experiences. With this motivation, practices that approach healing phenomenologically will manifest such understanding in their practices through holistic treatments, non-objectification of persons, spiritual encompassment and basic emotional sensitivity. After giving more

detail on phenomenological healing, I offer more ethnographic accounts that demonstrate such an approach.

While setting up the foundations of phenomenological healing, I employ the contrast of Western medicine that demonstrates little understanding of a person's phenomenological perceptions or emerging experiences. I claim that this lack of interest in such an approach to healing has resulted in the objectification of patients' mind and body, the administering of medication that occasionally harms rather than aids the healing process and ultimately disregards what it means to be a feeling and experiencing subject in the world. By highlighting Western medicine's exclusion of phenomenological healing, I reversibly show the qualities that bind Tibetan and Peruvian practices together. However, it should be noted that I am not ignorant of the incredible techniques of healing that Western medicine has developed. As I expand upon later, the exclusion has led to life saving techniques such as surgery. Therefore, there are positive attributes to a non-phenomenological healing practice.

Before moving on, it is necessary to mention the branch of Western medicine that I am referring to in this paper. To not define it in terms of scope would be to ignorantly look over such practices as faith healing, homeopathy, craniosacral therapy or many of the other 'complimentary' medical practices that have originated or expanded in the West. By Western medicine I am referring to the branch of healing that operates under strict empirical and scientific models of logical reasoning, the practice whose "approach is completely materialistic, relying on a scientific model of cause and effect" (Sardello 1983:ii). It is the medical *profession* that has structured its approach to both patients and doctors in a highly objectified fashion therefore viewing the body and mind as systems that can be broken apart and rebuilt. It is a system that while efficient, reduces felt experience to chemical and nerve reactions. The following interview extract from a lady in Lima highlights the approach of such a system of healing.

"I don't know if what I am going to say is rude, but Western medicine has failed in many ways of treatment. Moreover, it has failed in face-to-face relationships. The doctor treats you the same as if you were a piece of furniture, a child, an elderly person or a dog...more or less the same. The healer doesn't have those principles; for him the person is number one, the family is number one and then comes the rest. The rest can wait. I think that is the big difference. I think that regarding surgical procedures, Western medicine is excellent, but, concerning emotional relationships, it's a disgrace."

This approach describes a trend in what I term as Western medicine. Of course there are exceptions and in North American hospitals one can find many examples that counter this view. However, the presence of such objectifying and materialistic approaches to healing surfaces in countless numbers of ways and is, quite frankly, undeniable. Therefore, an underlying aim of this study is to expose the risks of such a scientific model to healing and offer examples of other practices that operate very differently. Lifting a thought from Mentore helps understand the possibility of adopting new healing structures. “I think that to take the cultural alternatives of others seriously—and not use them simply for rarefying our own realities—we should willingly allow that which is real for us to be challenged by otherness” (2005:16).

One final note should be made over the anthropological use of several terms. The first regards the use of ‘individual’ vs. ‘person.’ Simply put, ‘individual’ refers to the biological and organic form of a human being. ‘Person’ refers to an individual loaded with and existing through social and cultural categories. For example, an ‘individual’ may be a lump of flesh on the operating table, but the *doctor* that operates is a ‘person’ with medical training, an Indian ethnicity, a British tax payer, perhaps a father and a skilled cricketer. The second refers to the idea of cultural ‘visibility.’ When I say something is invisible, I do not mean that the eyes cannot perceive it, but rather that our consciousness defined by our cultural logic and ideologies cannot conceive of it. If an idea becomes visible, it enters into our spectrum of cultural understanding and hence we can conceive of it as an idea. Anthropology spends most of its time trying to make visible the cultural practices and understandings of others, as does this study of Tibetan and Peruvian healing.

At the time of writing, I am an undergraduate student at the University of Virginia. In my third year I left the United States to study abroad in Lhasa, Tibet and Lima, Peru. I spent just under five months in each location and studied at the Tibet University and the Universidad del Católica. In Tibet, I lived in the international dormitory among no more than twenty-five other students. In Peru, my partner and I lived with a host family and one other foreign student. At every attempt possible I tried to enter

the communities of healers and patients. Although I spoke conversational Tibetan and Spanish, I did most of my fieldwork with translators who very quickly became close friends and trusted sources of information. I pay a huge debt of gratitude to them.

The ethnographies presented are all from my time abroad and have been written from a decidedly subjective stance. My reasons for this are two fold. Firstly I wanted to emphasise the intense phenomenological experiences of being engulfed in these worlds of healing. The personal descriptions aim to guide the reader in empathetic reactions to the events. Secondly, I don't want to deny the role of my own voice and interpretation to the events described. However, as we shall discover, experience is not isolated in persons, but rather shared. Therefore, my voice echoes the feelings and experiences of those around me.

While reading the ethnographies I urge readers to draw upon similar examples from their own lives. The art of Tibetan and Peruvian healing unfolds from its capacity to realise and incorporate the sensuous experiences of its practitioners and patients. To fully understand these ethnographies, one needs most of all to feel them brush against the inner contours of experience and appreciate the creativity of these sensations. As the process of healing awakens our inner perceptions of the world and indeed of ourselves, allow the intrigue of these stories to rouse similarly emergent experiences that will hopefully colour and inform the patterns and textures of one's own sensuous terrain.

PART I: SICKNESS, HEALTHINESS AND HEALING

WHAT DOES IT MEAN TO BE IN A STATE OF SICKNESS, HEALTHINESS OR HEALING AND WHAT ROLE DOES LANGUAGE PLAY IN DEFINING THESE STATES?

First Inklings of Healing

In search of a Tibetan doctor that I could work with for the coming months of my stay, I found myself in a small, unmarked clinic situated just off a main road that jutted north out of Lhasa city centre. From the outside I could distinguish no medical signs to indicate a clinic, but I trusted the guiding presence of Deki, my translator, as she dragged my pessimistic suspicions into a heaving room filled with patients and white-coated doctors. The walls were lined with sitting Tibetans each fingering a number card in one hand and mala beads in the other. The air was thick from the heat of a large number of bodies crunched together which made the aroma of yak wool that lined sweaty coats soak into the surrounding fumes of incense and powdered medicines. But rather than stifling the senses, the thickness of the air fused with the light that poured in from the large glass windows to create a sensation of homeliness and protection from the cold outside. These huddled persons sat silently while actively musing upon the happenings of the clinic. They watched the white-coated doctors scuttle around the room to attend to patients and return to a large set of drawers that kept a library of small round pills. In one corner, slightly hidden from the view of most of the patients stood three low beds, all of which were full. In the centre of the room stood a spacious yet cluttered desk behind which sat a man that obviously presided over the entire clinic. He did not speak loudly or

to great length, neither did he move his body in a way to command or instruct; he rather sat quietly yet powerfully behind this large expanse of mahogany that played host to a Bonsai tree, golden ornaments and various piles of paper. As the patients shuffled along the line, the doctor greeted each new person who sat in front of him and offered their pulse. He spoke with them in a lowered tone so that I found myself leaning forward with all the other patients in order to hear his questions and diagnoses. His consultations were open to all who cared to listen and that appeared to be the entire clinic.

I had arrived to this scene with the intent of meeting and talking with the doctor, however, on seeing the crowded office, I had immediately altered my assumptions. I noticed through the recoiling tenseness that rippled through her body that Deki had done the same quick calculation. I suddenly realised how absurd I looked, a white young male entering a Tibetan medical clinic with no apparent need of any healing. However, Deki had mentioned she had wanted to receive some treatment on her kidneys and therefore I played the odd role of a supporting international friend. We curled ourselves into small bundles and tiptoed across the room to the beds. After explaining shrewdly what she wanted to a white-coated lady, she lay down on a bed and I sat myself between two patients who were receiving Tibetan acupuncture treatment. This entailed placing pins into specific locations in the face and head in order to stimulate the energy floodgates of the body. The abstract theory of this practice seemed trivial and unsubstantiated as I saw a copper needle wiggled and pushed through the layers of thin skin between the eyes of a man younger than me. Romantic theories of medicine often collapse when the body is propelled into the physical perceptions of treatment. It was here in this crowded room that I first met with the healing of a different kind.

Across the room, nestled in the lap of his mother sat a young boy, no older than eight. He winced and let out small whimpers caused by an intense pain that seemed to emanate from his right elbow. When the time came, his mother lifted him up and they sat together before the doctor. The slightest movement appeared to pierce the elbow in such a way that drove the boy to tears. He looked tired and forlorn, as though the pain was accompanied by a prolonged sense of time. The doctor approached the boy softly and reached for his elbow, but the boy cast him back with hurls of screams. The agonising sound of the child engaged all the other patients in the room as they focused on its

source. The doctor took the child's pulse and spoke about the pain with the distraught mother. He then motioned across the room and they took a seat next to me.

The white-coated female doctor came and crouched down in front of us. She was a large woman, with weathered red cheeks caused by the cold and plenty of *sö:ca*¹. Her demeanour was soft yet firm, like that of an experienced mother. In her hand she held a small mortar that contained a brown pasty mixture of butter and Tibetan herbal medicine. She took some from the bowl and gently smoothed it over the boy's elbow. He recoiled and let out a scream, but the doctor remained firm until the entire elbow and forearm was covered. She released his arm and he immediately bent it into his body. She gave a smile and then rose to conduct some more treatments on other patients. I sat next to the boy and watched as he began to soften his lips and allow his shoulders to relax out of their defensive position. The wrinkles in his face smoothed as some form of comfort swept over him.

A few minutes later the doctor returned with a shiny golden magnifying glass. The glint of light on metal caught the boy's eyes and he reached out for it with his good hand. The doctor indicated to the mother that she should hold onto the good arm, forcing the boy to reach with the withered limb. He winced and his face returned to its prior contortion, this time with the added frustration of a want for the shiny object. The doctor coaxed the boy's desire by waving the magnifying glass in front of him. He slowly tried to grasp it. His movement was restricted to a few centimetres at first, the pain and stiffness stifling his joint. But slowly, the joint began to loosen until he was able to reach way above his head. The tears left him as his fingers grazed the handle, yet the doctor persisted in the chase by pulling it out of his hands, instigating him to try to hold tighter. In poised anticipation, the entire waiting room sighed silently in relief as he snatched the item from the doctor. He was smiling and moving his arm freely. His elbow bent and rotated in a way that previously seemed impossible. For the first time he rose and jumped off of his mother's lap, grinning as he displayed his treasure to the congratulatory patients. They all laughed and murmured a cheer that made the boy forget all about the previous pains he had only moments ago been so absorbed in. With spoils raised, the boy bolted for the door, followed by his mother and her repeated calls of thanks.

¹ Tibetan tea made from butter and salt.

Rethinking Healing and Healthiness

In the most commonly perceivable experiences of the body, it appears as though the life of a person begins with birth and inevitably ends in death. If we suspend the notions of an afterlife for the time being, the mind and body are seen to ‘clock-in’ to existence and after a milieu of a certain number of years, as swiftly as they came, they ‘clock-out,’ to where we do not know. But can these seemingly distinct and determinate events be compressed into a single point in time, a sudden momentary event where death consumes all space and time so that life ceases to resonate? Is it not possible that the precipitated moment of death is actually extended and intertwined spatially and temporally with life itself? Hence the moment of death and the moment of life are no longer exact moments but rather entire expanses of time that overlap each other. What results from such a notion is a ‘living death;’ persons that emulate both states of life and death within their individual bodies. When life and death merge, making them inseparable, it becomes inappropriate to frame human existence between two static points within time. Without ridding ourselves of the notion of time altogether, there arises as a necessary progression to reconsider life and death as processes that move through time, rather than points along an axis. Life and death collapse to form an axis themselves, along which societies and cultures create existence. As these two polar forces act upon us and influence our lives, what then helps us to distinguish between the two? There is a medial power that seems to rise from the interplay of life and death. It exists not as a static point but makes its ontology of flux itself. It suctions us to the polar opposites of life and death and allows us to slide between the two, reminding us what it feels to be alive and what it might ultimately feel like to be dead. This phenomena is ‘healthiness.’

To begin a new understanding of healthiness and the ways in which it is maintained, we must first flush out some new definitions and replace some old ones. At the fundamental core of healing practices exists the polarity of life and death. A contingent part of what it means to be a living human being is to have an *intensity of healthiness* that will alternate between these poles and change through time. A difficulty arises in deconstructing and quantifiably measuring an “intensity” of healthiness, for it depends upon the complex and fluctuating relations between a patient and the world. For

example, the young Tibetan boy had a clear visible shift in his experienced pain, yet the comprehensive understanding of his intensity of healthiness might not be known. His pain might resurface and lead us to conclude that the shift was not as dramatic as it first appeared. Hence the ontology of the intensity of healthiness pervades our experiences of healthiness but evades our quantifiable measuring. However, even given this apparent elusiveness we can still make moves towards perceiving healthiness as a form of intensity.

Without limiting intensity of healthiness to a strict quantifiable scale, it can still be conceived to fluctuate between the general terms of ‘high’ and ‘low.’ ‘High’ intensities of healthiness reference a state of the body and mind that is considered most ‘alive’ or ‘good’. When Deki meets me in the morning at the Mentsi Kang² with a large smile and a slight spring in her step I know that she is experiencing a relatively high intensity of healthiness. But when she winces and clutches her kidneys as I ask how she is feeling that morning, I know she is experiencing a comparatively low intensity of healthiness. ‘Low’ intensities of healthiness align closer to a state of death, where by the end of the scale, death itself, results in a human form of non-being. However, as noted before, death should not be understood as a static event, but rather as a continuum that runs along side a state of life. Therefore persons in very low states of intensity of healthiness are often simultaneously likened to death or processes of dying. Pain - a resultant experience that arises within low intensities of healthiness - has the quality of reducing a person’s experience of life to a near death state. For example, a person in a state of torture might be physically living but their pain can “unmake” (Scarry:1985) the world creating an appearance in one’s own subjective experience that one is more dead than alive. Elaine Scarry explains this subjective unmaking of the world as a demonstration of how a mind and body can be reduced to such low intensities of healthiness that life itself is deconstructed and the living physical body exists in a state of ‘living death.’ At low intensities of healthiness such as in moments of intense pain, a state of death, non-being, or finitude percolates into the sensation of life and exists simultaneously.

² The official Tibetan Hospital in central Lhasa.

By understanding the potentiality of low intensities of healthiness, it becomes possible to explain cultural systems that are employed around the times of death. For the Tibetan culture, death is not a point in time where a binary shift between life and death occurs, but it is rather a passage through which the mind and body must travel. This passage begins as the physical body is still functioning, yet at a low intensity of healthiness. As the person furthers along the passage, rituals and prayers are used to prepare for the mind's/spirit's departure from the body. A work well known in the West as '*Tibetan Book of the Dead*' (*Bardo T'ödröl*), contains the Tantric rituals used during this transitional period (Samuel 1993:210). When the physical body is no longer functioning further rituals and prayers are said to guide the mind or spirit through to the 'upper realms' and then onto rebirth.

The dying person is given specially blessed pills and relics to eat and drink and urged to meditate on his personal *vidam* and lama. After death, the body is not handled by anyone until the consciousness transference (*p'owa*) has been performed by a lama. "Transferring the consciousness is a special tantric method to prevent the deceased from being reborn in *samsāra* and specifically to save him from being born in any of the three lower realms, by very powerfully lifting his consciousness to a pure realm." (Sangay 1984b:31)

Therefore, a death process is made visible through dynamic intensities of healthiness rather than a single moment of death. The dynamic quality of healthiness means that its intensity is always shifting between life and death states. Death rituals, such as the one described above, act as a lubricant for the sliding movement of intensity of healthiness. The concept of a shifting intensity of healthiness will become important as we begin to unravel the methodologies and philosophies of both Tibetan and Peruvian medicine. As we will find in the third section, a dynamic conception of healthiness that is temporally located will be a fundamental aspect of phenomenological healing and therefore something that both Tibetan and Peruvian medicines employ.

From this foundational concept of the human being as sliding between intensities of healthiness, we can now define the term, 'healing.' *Healing* is a process where by an individual, person or society increases the subject's intensity of healthiness. Healing therefore represents a 'positive' shift in the intensity of healthiness. This seems at first a simplistic notion that is used everyday by healers and doctors all over the world. However, in a cross cultural comparison in a study such as this, 'healing' becomes a term used in a varying number of ways. In Tibetan and Peruvian medicine practices, 'healing'

deictically references an entire philosophy and culture of medicine that is not shared by western medicine practices. The use of the term 'healing' in these practices reference an indexicality of conceptualisations of the mind, body, space, time and the relations between these fundamentals that differ to western medicine. The aim of this paper is to demonstrate how the term 'healing' is employed by Tibetan and Peruvian medicine and how it differs from the use of western practices due to its participation in phenomenological understandings, however I shall save the full explanations of this till later. For now let me continue with the concept of intensities of healthiness and how the term 'healing' should be understood when used by Tibetan or Peruvian practices.

Like life and death, healing is also a process that should not be pinned to a momentary event in time. Healing should rather be understood as a continual positive progression in an intensity of healthiness. Within the philosophies of Tibetan and Peruvian healing practices there does not exist a finite maximum and minimum of intensity of healthiness. With no ends to the spectrum, a person's healthiness exists as a floating point along varying intensities. An end can never be reached, as its ontology is comprised of change and flux. Western medicine and science deal with systems that operate through true and false results, hence a spectrum of healthiness that pertains to states that are absolute in their intensity. The results from my blood analysis in London told me that 'I was false' for any traces of stomach bacteria although earlier in my stay I had been ill; therefore to the western doctor's eyes I was healthy, or more pointedly, 'healed.' The western system of medicine has within its conceptualisation of the body, a perfectly functioning state where intensity of healthiness is reduced to simply, 'healthy.' This view of the human body and even psychology is static and rigid, allowing no process or flux within states of healthiness and hence no form of continual healing. A primary difference between this and the Tibetan and Peruvian practices is that the latter conceive healing as a continual process that occurs in a person who is participating in a continuum of existence; therefore the concept of a person or disease as being 'healed' no longer applies. We must rid ourselves of this term when explaining these alternative healing practices. 'Healing' must be understood as a process that accompanies human existence throughout the course of life and possibly beyond, it is not limited to episodes of specific time.

As the ethnography unfolds, we will be able to see a different conceptualisation of the world and the place of persons within it, where the concept of stillness is replaced with continual vibrations, existence is filled with energies that bubble and circulate with boundless potentiality and a person is never complete, but rather continually evolving. Peruvians embody this flux through their relationship with nature; Tibetans apply these ideas through karma and Buddhist notions of impermanence. Both of these examples will be expanded upon later as we unravel the finer details of the healing practices. The eradication of the term ‘healed’ in these practices aligns itself with the very conceptualisation of the world that these people inhabit. The depth to which this idea runs is difficult to see for many westerners who grew up with finite ends existing within the world, ends such as death, healed, true or false. Medicine in the west is practiced as though it were a means to an end, where Tibetan and Peruvian medicine acts as a means to move along a continuum.

The Creativity of Language

One may interject at this point to claim that the focus on the two definitions of intensity of healthiness and healing is unwarranted as it deals too heavily with language and not the practical application of the philosophies that lie as indexical references behind them. However, one should not underestimate the constructive abilities of language within the sphere of medicine and healing. Systems of language do not operate solely as descriptive functions, but rather force into actual existence the very things they aim to describe. In the realm of medicine, language maps itself onto the body and assumes a creative role. It creates visual and mental images of the body and sickness through descriptive functions that transcribe themselves into a person’s reality. To clarify with an example, if I sit for too long cross-legged, I might roll about the floor while screaming, “pins and needles!” The common use of such a term creates an image of pins and needles actually piercing my leg or foot. In this particular case the sensation of pain is given a visual representation and turned into an image. Language in medicine operates as an imaging system where by the body and what is internal to it is imagined through

referential examples or explanations. The power of such a process should not be overlooked for this process of language imaging allows the external world to enter the body, map itself onto its inner contours and then externalise the internal so that it becomes visible to the subject. “An image is not what one sees but the way in which one sees. An image is given by the imagining perspective and can only be perceived by an act of imagining” (Hillman 1983:18-19). Language then acts as a perspective angle on the body and sickness. From different perspectives created by language, we can begin to understand the ways in which different subjects imagine their bodies, intensities of healthiness and healing practices.

To further exemplify the imaging process of language in use on the body, think of the multiple ways in which we describe illness. In western practices, the term ‘virus’ describe a type of illness. The image and behaviours of a virus are well known to many westerners and it is often imagined that a virus looks like the microscopic images we see from microscopes and it travels through blood streams to attack other cells. The virus is regarded as an entity distinct from the body and person, a ‘foreign invader,’ which has a mind of its own and a project intent on attacking its host for its own gain. The language of western medicine gives the virus an agency separate from the subject it inhabits. The virus functions with a schematic of cause and effect, the basic fundamental law of western science that has been adopted into medical practices. This schematic of the subject in relation to the ‘external’ virus has perpetuated western medicine’s treatment of viruses as foreign or separate entities to the subject. The term ‘virus’ therefore carries with it an entire culture of object-subject and cause-effect relations predominant in the occidental understandings of the world. The simple utterance of ‘virus’ places these cultural constructs within the body and allows the body to represent itself to the subject. Language is then a vessel by which the culture of a world is mapped onto and into bodies.

Tibetan and Peruvian practices have developed a different type of language to describe healing and sickness. These differing language sets have different indexical references that speak to different ideologies of the world. This language is one of feeling and experiencing subjects that are engaged with the world around them through intimate exchanges of sensations and self-reflexivity. Leaving the objectification of empiricism behind, this language references a new stance in the world, where the perspectives of the

subjective are given not only validly but a creative and potential power. The following is an English translation of a differing form of healing language used by the healing centre Nuna Ayni in Barranco, Lima.

From a star, through the clouds, some coloured seeds fell into the offspring's hearts. The seeds started to grow. While they were growing, a ray of colour extended from the heart of each of them all the way to the sky. The offspring started to realise that their rays were merging with others' rays and that in the sky a gigantic beautiful rainbow started to form.

The offspring, which until that moment had been apart, started to walk to see who was on the other side. On their way, their rays started to knit a web of love and when they found each other, they found brothers and sisters. Little by little they united by exchanging their knowledge and experiences forming a Nuna Ayni: share souls, spirits and conscience.

One day they remembered the calling from Mother Earth, from all their siblings and the Humanity. Each of them, through their spiritual and ancestral techniques and therapies started to share this Love flower, which had already spread its seeds. This share started to expand itself from one generation to another, until our times, where we, sisters and brothers unite as one big family that continues seeing in the horizon more coloured rays with which to come across. Meanwhile we continue in this Nuna Ayni, giving what once we were given, to help others grow their inner seed of light and love, so we can keep on giving and receiving, generating conscience in ourselves and in others.

A family that opens its doors to improve the being totally (body, mind, spirit), in harmony with everything that surround us: earth, sky and eternal universe. Hoping that the existence of a world full of love, different to the one we know, stopped being a dream or a distant possibility and becomes a reality.

LIGHT AND LOVE!!!!

Nuna Ayni family

On a first reading, the style of writing may appear loose, simplistic or void of particular meaning. This is due to its contrasting appearance with Western medical language that adheres to an empirical system of knowledge and works with objects that react through causal relations with other objects. The Nuna Ayni medical practice allows into its philosophical folds, a non-empirically based knowledge set and engages not objects but subjects. The focus is placed on experience and the conceptualisation of bodies that are not compartmentalised through objectivity, but conjoined through their subjective experiences of the world and its spirituality. Their beliefs of the world incorporate an occult potentiality that is filled with 'energy.' In Peruvian practices, the eluding presence of such a non-empirical force is housed in a conception of nature, as seen by the term 'Mother Earth.' As Nuna Ayni begins to talk about experience, subjects and energy, many western-based medical experts might protest. Robert Sardello in his

introduction to Ziegler’s *Archetypal Medicine,* claims that many ‘alternative’ healing practices (acupuncture, homeopathy, chiropractic therapy, herbalism, flower essence therapy and therapeutic touch) “rely upon the abstract and ultimately empty word, ‘energy’” (2004:ii). Sardello has not translated the meanings of such a word sufficiently enough to lay claim to the ways in which practices such as the Nuna Ayni make use of the term ‘energy.’ Sardello attempts to place the concept of energy within a western empirical construct or cosmology. Unfortunately, to fully appreciate the term ‘energy’ as used by Nuna Ayni, one must first understand the world as originating from subjects rather than the interaction between externalised objects. This understanding, although admittedly confusing at present will be expanded upon as we look into the possibility of a world originating in our experiential perceptions and not in the objects of our perceptions.

For another example of how simple language differences can dramatically shift object-subject relations and hence the entire structuring of a persons world we can turn to Tibet again and look at the grammatical structure in standard Tibetan.

Standard Tibetan	ང་	ལ།	ཕུག་	ཡོད།
Phonetic Tibetan	nga	la	nyuku	yö
Direct Literate English Translation	I	at	pen	is existing
In-direct Literate English Translation	at/with me		the pen	is existing
English Translation	I have the pen			

Through the progression of the translation step by step we see how the relationship between subject and object change. The Tibetan language in its original grammatical structure does not contain the same possessive qualities as the English version. English sets up a clear and dominant subject-object relation. The Tibetan grammar uses a subject-subject relationship where the pen is given its own validity of existence outside of a determined dependency with the ego (I).

The repercussions of such a difference in relating to the world and the self will spill into our exploration of healing and intensities of healthiness. The new referential language employed by both Tibetan and Peruvian healing practices will affect the way we conceive of the experiencing subject and to what end the world external to that subject enters its perception. As the example of Tibetan grammar shows us, the Tibetan

healing practices will inevitably restructure the subject-object relation to bring healing back into the subject. Peruvian healing practices will follow this example by engaging the subject in a world that extends from itself outwards, rather than the western mode that begins in the objects around us and frames the self in their shadows.

To begin thinking differently about healing languages in a way that will prepare us for the phenomenology of Merleau-Ponty and the Tibetan and Peruvian healing practices, let us keep in mind the important consideration in the use of language that Csordas gives us, “the words used by our informants are not to be treated merely as *terms* but as *experiences*” (1994:244). This will allow us to begin thinking about the imaging process of language and how the utterances of my friends are not imaging themselves as objects amongst other objects, but rather as sensuously engaged experiencing subjects.

PART II: PRACTICE AND THEORY THROUGH ETHNOGRAPHY

WHAT ARE THE COSMOLOGICAL CONTEXTS OF TIBETAN AND PERUVIAN HEALING PRACTICES AND HOW ARE THEY PRACTICALLY MANIFESTED IN HEALING TECHNIQUES?

To answer this question I will introduce the theory and practice of Tibetan and Peruvian medicine through the use of ethnography. These are obviously vast topics that have been explicated through many previous works, and therefore I will not attempt to fully explain the inner workings of each practice. I will rather give a general overview to the theoretical and historical foundations of each practice and then with ethnography, describe a contemporary picture of how and why these practices are functioning in their current societies. Although parts of this section may appear mundane to a student of one of the specific practices, for example a Tibetologist, there are not many cross-cultural specialists in both Peruvian and Tibetan medical practices. Therefore although parts may be cumbersome, the goal is to offer the reader a contemporary view on *both* practices.

Tibetan Medicine – A Buddhist Cosmology

Deki and I sit hunched over warm bowls of tukpa³ warming our hands against the ceramics. We are in central Lhasa, having just come from the Mentsi Kang where we had been spending time with doctors and patients. My lips were chapped but softened in the

³ Noodles and yak meat served in a warm broth.

steam that rose from the meaty broth. Deki's looked sore too, but she seemed to cope with it much better than I did. She had greater things to think about than Chinese lip salve. She had a child and two parents to care for with a husband who was away in Kham. Today the weight of these responsibilities seemed to press harder against the inner contours of her body as she winced and muttered quietly to herself, half praying for and half cursing her kidneys. Tibetans are often worried about their kidneys getting cold in the weather. They are the source for many illnesses. Today, like so many others in the city, she wrapped her thick chuba⁴ against her side, pocketing the warm air in the tangled yak wool. She is a humble woman, who balances much contempt for the Chinese with a resounding love for the Buddhist traditions. Her inner conflicts ache through her kidneys; a desired compassion wrestling with wanted animosity. She brings the hardships of her world into her body as she clutches her left back with one hand while emitting a compassionate appreciation for the good in the other as she spoons a mouthful of delicious yak meat. She feels the differing intensities of her world resound through her entire person and I can hear them too. A question rests on my mind as we sit quietly enjoying our noodles. I decide to ask her. "Deki, what do Tibetans think of their own bodies?" Her round eyes and red cheeks rise from the steam, "If you lose your wealth you lose nothing, if you lose your body, you lose everything."

The foundation of Tibetan medicine lies concreted in Buddhist philosophy and cosmology. Rather than being distinct yet similarly functioning practices, Tibetan medicine rose as a necessity from the Buddhist worldview, meaning that the medical practice is fundamentally a Buddhist one. Therefore to understand the functioning of Tibetan medicine and the full extent of Deki's answer, one must first understand the Buddhist conceptualisation of the world in which they live, a world of suffering.

According to Buddhist cosmology, the tangible world that surrounds us in our every day lives is the realm of Samsāra or suffering. Suffering is an intrinsic part of existence in Samsāra and it arises from an ignorance of the actuality of the world. "The basic cause of all ignorance, that is, the ignorance of believing that there is such a thing as a truly existent self" (Khangkar 1998:21). Only through enlightenment may we escape

⁴ 'Chuba' – A large Tibetan coat typically lined with thick yak wool.

the ills of the world and be reborn in Nirvana, the highest realm in which suffering is non-existent. Buddhism as a practice therefore attempts to alleviate the suffering of persons in Samsāra by leading “aspirants toward a higher consciousness, the complete realization of human excellence and finally supreme illumination” (Lhalungpa 1992:15). This path to enlightenment is referred to as the ‘Dharma.’

Whatever is born is impermanent and is bound to die.
Whatever is stored up is impermanent and is bound to run out.
Whatever comes together is impermanent and is bound to come apart.
Whatever is built is impermanent and is bound to collapse.
Whatever rises up is impermanent and is bound to fall down.
So also, friendship and enmity, fortune and sorrow, good and evil, all the thoughts that run through your mind – everything is always changing.
- Rinpoche (1998:46)

Impermanence resides as a contingent part of Samsāra. The world continually changes and any attempt to secure oneself to an imagined rigidity will end in suffering. “Excessive attachment, the Buddha taught, particularly to the body, gives rise to suffering, as impermanence and change are central to all life: through mediation identification with ego gradually diminishes and insight develops into the evanescent nature of all existence” (Baker 1997:17). This was a consideration of the earliest Buddhist scriptures that conceived the body as impermanent and therefore something to detach from. Deki obviously disagrees with this idea. The concept of an impermanent body was reformed in the second century BCE with the injection of Mahayana Buddhism that grounded the Dharma not as an individual striving for the salvation of ones own being, but rather as a struggle for the enlightening of *all* sentient beings. An egocentric practice was therefore re-conceptualised as a selfless and compassionate Dharma. From this crucial period of transformation in Buddhist philosophy came the establishment of medical studies within the monastic tradition (Baker 1997:17). Therefore, the practice of healing was formally introduced as an act of compassion. More importantly the body was recognised not as an impermanent object that should be discarded, but rather as a vessel that must be nurtured and cared for in order to continue along the path of the Dharma. Mahayana Buddhism brought great respect back into the body and centralised it as a contingent and necessary entity in the search for enlightenment.

Therefore Deki understands the importance of her body as a vessel to carry her soul along the path of the Dharma; hence it must be cared for. In her utterance of “losing everything” resounds the awareness that at her stage along the path of the Dharma, she must work in unison with her body to reach salvation. To destruct it or let it rot into decay would induce an active participation in a negative progression along the Dharma. The topic of suicide, a deliberate act of bodily destruction, was raised a few times with differing doctors at the Mentsi Kang. They have continually claimed that it is very rare in Tibet due to two main factors. The first is that the strong relationship formed between the doctor and patient stops patients from committing suicide. The compassion showed by Tibetan doctors is extremely valued by the profession and reduces the suicide rate. The second is the patient’s belief in Buddhism, specifically that the body is a sacred place where religion and faith can harbor and grow. This is exemplified in the famous Buddhist story of Milarepa when on the brink of suicide Milarepa’s master says, “According to the most secret teachings of the Buddha, the faculties and the senses of each of us are innately divine. If you die before your time, you commit the sin of killing a god. That is why suicide is such a great crime” (Lhalungpa 1992:70). To actively destroy the body by suicide means that one is acting negatively against the Dharma and therefore generating negative karma.

However there is one contradiction that arises here within Buddhist medicine and Deki’s comment. The shift to Mahayana Buddhism brought a newfound importance to intensities of healthiness, however, impermanence remained as a core element of Buddhism and therefore the body must be discarded at some point along the Dharma in order to reach full enlightenment. How can a body be cared for when our ultimate goal is to discard it? A good example of a Buddhist actively letting his body disintegrate comes from the story of Milarepa, a man who reached enlightenment in one lifetime. “My body is like a skeleton; at the sight of it, a savage enemy would weep (Lhalungpa 1992:124). In the final stretches of his meditation retreat just before he reaches enlightenment, Milarepa allows his body to collapse. However he does this as he nears a full realisation of the universe. He is an exceptional case in that his advancement along the path of the Dharma is so nearly complete that he may begin to leave his body. For many Tibetans, including Deki, this is not the case. The seemingly theoretical contradiction is dissembled

through practical application of the religion. Deki understands that although impermanence is a fact of existence and the ultimate goal is to leave the body, she knows that at her stage along the Dharma, she is not ready to do so. She recognises the impermanence of the world through material possessions such as those “wealth” provides, but she values the necessity of her body and her intensity of healthiness to aid her along the Dharma. Therefore, Tibetan medicine is a practical facet of Buddhism that aims to help the soul transcend the suffering of Samsāra by reversibly grounding the soul firmly in the body and its critically important intensities of healthiness.

Tibetan Medicine – A Spiritually Inclined System of Healing

Doctor Tashi reached for my arm and we walked hand in hand up the stairs and down the corridor to the specialty doctor department. “We are becoming better friends,” I thought. He had been my first contact in the hospital and was always my first port of call when I arrived in the mornings with Deki. A small crowd had gathered at the end of the long corridor outside the doctor’s office. “The specialty doctors are considered the best,” muttered Tashi with a distaining eye roll. I knew he thought the prestige was all image. We snaked through the patients and slipped behind the white sheet that had been stained brown by so many hands peeling it aside to enter or simply peer in. There are no doors in the Mentsi Kang, white cloths hang in the doorways instead. Inside the office was just as busy; the only difference was the respectful silence that could be audibly felt. The intentional silence of so many people in the tight space intensified the mood. All attention was focused on the doctor who sat next to the window. The bluish colour of the light that streamed through the window made me notice there was no electrical light anywhere in the room. Tashi introduced me. The doctor answered quietly and letting go of my hand, Tashi turned and left with a smile.

I suctioned myself to the wall trying to mould into the inquisitive crowd. A man with a red scarf weaved into his long black hair stepped forward and sat next to the doctor. From out of his chuba the man pulled a bottle filled with urine. The doctor poured it into a small bowl and stirred it with a bamboo stick. The bubbles frothed and

turned, telling the doctor of its properties. He reached for the man's left wrist with his right hand and placed his first three fingers on the radial artery. It was early morning, not ideal for pulse taking as the sun had risen and its rays had already touched the planes. (Donden 1986:79) But the man said he hadn't taken food and so the cold moon rhythms and the hot sun rhythms should not be so unbalanced within him. The doctor's fingers gripped the internal beatings of the man's humours. The heat of his body matched that of the man. There was no cold steel against skin, only flesh on flesh. Wind, bile and phlegm circulated through the energy lines of the patient's body. The doctor was quiet and concentrated. The left tip of his middle (earth) finger searched for the pulsing of the stomach. There was a shift in his demeanour and it seemed as though he had found what he was looking for. Still holding the man's wrist, he asked him about his behaviours and his diet. He explained that he was one of many pilgrims that had come to Lhasa from a rural area of Kham. On pilgrimages, the two main destinations seem to be the Jokang⁵ and the hospital. He said he was a farmer and had been working the fields during the winter season.

"Do not eat red chillies." The doctor had found a heightening of the digestive bile, the humour that has the nature of fire. The man was told to avoid hot and heavy foods such as garlic, butter, onions and black pepper. He was given a prescription for some herbal medicine and told he could leave. The man seemed pleased and shuffled backwards to door, never turning his back and all the while thanking the doctor.

Tibetan medical theory has been recorded and studied in far greater detail than the actual practice of the medicine. Having its founding roots in Buddhism has resulted in Tibetan Medicine's theoretical structures being explored by countless intellectuals and monks. In many ways, Tibetan Medicine can be considered an empirical science that incorporates a spiritual understanding. The origins of the medical knowledge are said to have emanated from the Buddha many thousands of years ago. This knowledge was given in the form of the Gyushi or the Four Medical Tantras. This textual format was then fully illustrated in the form of tangkas by Sangye Gyamtso, the regent to the Fifth

⁵ The Jokang is one of the holiest temples in the whole of Tibet and pilgrims come from all of Tibet to prostrate themselves in front of it.

Dalai Lama in 1687. These depicted graphically the Buddhist conceptualisations of “health, healing and spirituality” (Baker 1997:13). These original paintings were destroyed in 1959 by the Chinese, however, they have been continually copied and reconstructed in varying levels of quality ever since. Although the original Gyushi have been adapted and rewritten many times, students in the Tibetan Medical College in Lhasa are still taught many of the same theoretical foundations that Gyamtso himself expanded upon in the 17th century. Although certain practices have been adapted, for example the use of surgery, the philosophical underpinnings of the conceptualisations of health, healing and spirituality have remained the same, allowing current students of the practice to use the medical tangkas and Gyushi to expand their studies. The following overview of the Tibetan Medicine’s theory is drawn from my own ethnographic sources as well as Yeshe Donden (1986, 2000), Elisabeth Finckh (1978), Dolkar Khangkar (1998), Ian Baker (1997) Robert Sachs (1995) and Stephan Kloos (2004).

Unlike Western medicine’s “approach [that] is completely materialistic” (Sardello 2004:ii), Tibetan Medicine locates the origin of low intensities of healthiness in a person’s ‘ignorance’ of how things actually exist and in the “nature of phenomena” (Donden 1986:16). Until enlightenment is reached, all people are essentially ignorant of the world’s actuality and therefore suffering and low intensities of healthiness are a contingent property of existence. This unawareness gives rise to desire, which eventually leads to hatred in forms such as pride and jealousy, and finally further obscuration or ignorance of the reality of the world. These three repercussions of ignorance manifest themselves in the body and mind as three humours. Desire leads to wind (*rlun*), hatred to bile (*mkhris pa*) and obscuration to phlegm (*bad kan*). Intensities of healthiness are defined by the balancing of the three humours. Again the understanding that intensities of healthiness do not have a finite maximum or optimum functioning is important in understanding the humours. An exact balancing of the humours at a point of equilibrium can never be reached in Samsāra because ignorance is always present. Therefore, healing represents a continuous positive move towards a more balanced relationship between the three humours. When one humour becomes heightened, imbalanced or intensified, a disorder or illness will manifest itself within the person. My illness in Tibet was a wind imbalance that had arisen from passion, a desire for my partner who I missed terribly

during my fieldwork. The patient who had an imbalance of bile due to excessive physical tension was given medicine that would essentially aid in healing or rebalancing the hot hatred humour. The contrast between the immediate causes of our imbalances highlights the fact that humoral imbalances manifest themselves both psychologically and physically. The third section of this paper will explore how these mind and body manifestations are not independent but foundationally identical.

Each humoral imbalance originated from one of four sources. The source of a disorder (an imbalance) will often define its type, its cure and its severity. The first type of disorder arises from actions in a past life that caused negative karma. With Buddhism accepting reincarnation, the karmic actions of past lives affect the present life. Deki often laughed with me as she attributed her painful kidneys to her being a “thief or robber” in her past life. The second are disorders caused from karmic actions in this life. Negative karma brings imbalance to the humours and hence low intensities of healthiness. The third are disorders caused by diet or behaviour. The fourth and most severe are disorders caused by evil spirits that enter the body. This specific type of disorder is the hardest to treat and is often the cause of terminal illnesses such as cancer or tumours (Donden 1986:194-206). Although these four sources of low intensities of healthiness are distinguished, they never operate independently. Karma infiltrates into all actions and movements of a person, hence the person’s karmic presence continually interacts and reciprocates with the world around it. Therefore, all behaviour is fastened to karma production. This means that the source of low intensities of healthiness is often difficult to locate and therefore most healing practices approach all four sources in order to respect their interconnectivity.

The three humours operate through both spiritual and physical planes and are therefore difficult to locate and isolate in a purely empirical or scientific context. However, their physical manifestations are found in varying combinations of the five elements, wind (*rlung*), earth (*sa*), water (*chu*), fire (*me*) and space (*nam-kha*). The process of healing requires the manipulation of these five elements to adjust the corresponding humours. This is achieved through four basic methods of practical alteration: diet, behaviour, medicine and accessory therapy. Although these appear as purely physical or materialistic alterations, each healing technique includes Buddhist

elements that reference a spiritual plane to rebalance the humours. For example, I would often hear a doctor advise a patient to visit their lama, treat their wife with more respect or listen to their parents. All of these are changes to their behaviour that will result in gaining karma. Another example can be found in the medicine preparation; Tibetan Medicine that is made of natural herbs and roots found throughout the Himalaya are processed in the Tibetan Medical Factory in Lhasa. Before any medicine is sent to clinics or hospitals, lengthy Buddhist ceremonies are performed where monks will pray over the medicine. Such blessings can last up to a week. These examples demonstrate within the healing practices of Tibetan medicine the recurrent infusion of the Buddhist spiritual world with the physical world. The body and mind act as an intermediary between the two realms, operating as the point of affect for the metaphysical humours to interact with the physical elements. Tibetan Medicine embodies the Buddhist conceptualisation of the world into every patient. This embodiment carries the patient past material bounds and will command a healing practice that incorporates a sensitivity to the person's subtle presence in the karmic world that it inhabits. It is this sensitivity that will be expanded upon as we develop the idea of phenomenological healing.

Peruvian Healing – An Urban Phenomenon

Maria's long white dress skimmed the floor as she danced in front of us. The thin blue headband made of small flowers floated on the air, as she became a bird soaring between my new friends and I. With my eyes closed I lowered my head and breathed in the liquid she had poured into my open hands. The essence rushed through my face and hit my head with intoxicating clarity, harder than I had anticipated. The music of the pan flutes lulled and flowed through the twenty of us sitting in the circle. Maria danced and swayed with the rhythms of the soft notes seeming as though she was entering a lucid trance. She became the trees rustling over our heads, she became the fire breathing smoke into our lungs and she became the music as she sang songs from her Andean ancestors. She was more than a shaman; she was my friend, my mother and my grandmother. She was the entire world, every animal, and every element. She poured

nature into us, comforting and sensitising our alignments with the energy and light that interplayed with our souls. Her song and dance harmonized our reverberations with that of the cars that whizzed outside, the nightclubs that thumped music into the concrete of the streets, the cadences of city construction, the mountains behind the city limits and the jungles beyond...

There has been very little research into the Peruvian healing practices currently operating in Lima. Many works have been published on Amazonian, Andean, Northern Peruvian and Southern Peruvian shamanism or herbal remedies. For many anthropologists such as Sharon/Joralemon (1993), Reichel-Dolmatoff (1997), Dobkin de Rios (1972) and Glass-Coffin (1998) these less urbanised and environmentally dramatic locations have offered more alluring subjects for study. The city of Lima is often viewed negatively as a dirty sprawling urban mass, with overpopulation and pollution. For the classical anthropologist who desired isolated cultures and people, Lima stands as an antithesis. Lima's population in 1940 was estimated at around 600,000 and now has risen to approximately 8 million. In the last 68 years, migrants from rural areas of the jungles to the West, the mountains central to Peru and the planes to the north and south have flooded into the city. The centripetal capital in the environmentally diverse Peru has caused a cultural explosion that has fused the lifestyles, beliefs and desires of the current migrant and resident population. What then has happened to healing practices in Lima that have been influenced not only by multiple migrant groups but also an international community?

Rather than being swallowed up and dominated by biomedicine or diluted through cultural fusion, alternative healing practices of Lima have found space, practitioners, followers and demand. The cultural fusion of the capital has not drowned alternative healing practices but rather complicated and smeared the theoretical boundaries that anthropologists have previously used to define them. The healers themselves have been exposed to different forms of healing and have incorporated a range of practices into their own spectrum of healing. There are shamans, cranial sacral therapists, *culanderos* (healers/witch-doctors), fortune-tellers, herbalists, doulas, ayahuasca shamans, yogis and doctors, all of which influence and interact with each other. This interconnectivity has

been complicated by the cultural, class and ethnic variance in patients. Numbers of tourists, the Lima 'elite,' the inhabitants of the shantytowns and a growing middle class search out alternative measures to healing, whether it is to cure serious diseases or to visit a fortune teller. In taking many taxi rides during my stay in Lima, I often spoke with the drivers, both men and women, about shamans and *culanderos* in the city. Even with their similar class standing, the range of answers demonstrated the wide scope of views held by the diverse population of Lima across the class divides. Some would laugh and accuse shamans of being "charlatans," some would say that they used them and believed in the powers that the shamans could wield, and some would sheepishly say as Sharon and Joralemon noted "I would never go, but my neighbour..." (Sharon/Joralemon 1993:1). Unlike the clearly visible and theoretical system of Tibetan Medicine, Peruvian healing has developed far more organically in Lima in order to accommodate the ever-expanding demands and beliefs of Lima city dwellers.

In light of this great diversity in alternative healing practices in Lima, I am required now to focus my study in order to have a practice that can be compared and utilised in the development of phenomenological healing. However, I will continue to draw ethnographic details from other episodes in the city in order to keep the urban environment of Lima within the frame of this narrowing picture.

Among the diverse and amorphous healing terrain of Lima lies a strong voice and practice that claims its own heritage, identity and techniques. In her spiritual healing landscape she calls herself the Free Coiled Anaconda Sitting up, Observing and Guiding the Work, but in her large apartment above the *oval de Miraflores* she simplifies the name to Maria. She is in her 50s and walks and talks with a comfortableness that sets all who meet her at ease. The restfulness of her aging face reminds me of the meditating monks I met in Tibet that had been in retreat for up to 40 years, but that illusion is shattered when she becomes animated and begins explaining her practice and beliefs. She speaks and laughs with a confidence of a woman who has grown up through the revolutions of Peru and lived with the grit and grind of Lima. In the early 90s, due to her competent command in English, she escorted groups of international journalist around the country at the end of the civil war involving the Shining Path movement. After the conflict, she began to travel internationally for conferences and healing sessions on

Peruvian shamanism. Maria exudes a respect for spirituality, but she does so through a life experience very different from the cloistered and nature orientated shamanism of rural Peru. Urbanity has fused with her persona and she uses its qualities to express her spiritual healing techniques that rest upon the animistic energies that circulate through nature.

Although Maria often disappears into the Amazon jungle or Miami city to spread her practice, the majority of her time is spent in Nuna Ayni, her new healing centre in Barranco, a trendy yet poor neighbourhood of Lima. It is here in an old Spanish town house that Maria performs many of her healing and harmonizing sessions including the piece described earlier. Unlike Tibetan medicine, the Peruvian healing that Maria participates in is not systematised by the state nor are there colleges that teach the practice. Maria's healings are run privately and it is only with considerable experience and a large patient network that a centre like Nuna Ayni could be constructed in Lima. Many other alternative healers, who do not have the community network that Maria has formed around her, will treat patients at their private homes. The centre operates more like an open house than an office. The informality of the meetings and healing that go on is supported by the community of patients and healers that gather around Maria's impetus towards her own spiritual healing practice. Although many people are involved in the centre, it seems as though Maria is the connecting piece to almost all of the relationships between patients and healers. What then are Maria's healing powers that have drawn so many to Nuna Ayni? To answer this question, let us first look at a healing session performed by Maria and then place it in the context of her conceptions of a spiritual dimension.

Peruvian Healing – Free Coiled Anaconda Sitting up, Observing and Guiding the Work

On my last visit to Nuna Ayni, Maria offered to perform a harmonising ceremony with me. I laid down on a padded table in one of the rooms and she placed three crystals on my body, one on my head, neck and chest. I closed my eyes and felt the coldness of the

purple rock fade as they soaked up the heat from my skin. She began to sing, voicing sounds rather than words and playing with the vibrations of harmony and tuning. The songs are not rehearsed. She told me later that the sounds come from her ancestors, past down through the spirits so that she may continue their work. Above my head I hear the strike of a match and an inhaling of some smoke. She blows wind down my body and I feel my mind float down valleys and between mountain walls. There is some chemical agent in the smoke and the clarity it brings to my thoughts is crisp like the colds of high altitude. I remembered the cools of Tibet mountainsides. She brought me back to Peru as she rattles tree branches over my body. She whips at the air just above my chest and brushes away some residing energies. She works her way from my head to my toes, blowing and brushing like the wind through trees. I'm in the middle of a city but I feel like I'm in the forest. I forget her presence in the room and soak into the sensations of the earth that ripple and vibrate over my body, playing with my perceptions. Seldom are these visions broken, but the sound of Maria's inhaling reminds me that she remains a woman, a human being who is revolving the earth's elements within me.

The conceptualised world that Maria inhabits is not so different from that of the Buddhist world, in that she believes in the existence of an invisible or spiritual plane of reality that subverts empirical perception. This plane or field operates invisibly by evading sense perceptions, or rather through its inability to be perceived through the normative 5 bodily senses. The empirical world might also be termed as the 'actual' world. This is the world we interact with everyday; we can see it, feel it, move it and test its physical matter through science. The spiritual world is comprised of the "energy" relations that interconnect the beings of the actual world. The exact description of this plane is left elusive in Maria's explanations. Rather than understanding its properties, she explains that one must first have "awareness" of it for its representations in the empirical world are always changing and hence impossible to describe or locate using empirical methods. In other words, the invisible plane cannot be objectified due to its impermanence. As Maria will tell you, this plane exists, but one must have a trained awareness in order to perceive it, let alone to harness its potential in order to change the empirical world. She claims that those who have greater awareness of its presence will be

able to make use of its healing potential. As a Buddhist becomes more enlightened and hence 'powerful' in the advancement of the Dharma, Maria's shamanic powers increase as her awareness of the spiritual world and its subtle energies unfold within her mind and body. Maria's healing potential is reached through her heightened awareness of this energy plane and her growing ability to reach into it to cause changes between the relationships of things in the empirical world.

*"When I take Ayahuasca, the world stretches out in front of me and I can see all the energies that bind the world together. It is as though my eyes see deeper and I become aware of all the relations that tie object and subject to each other. The plant awakens you to the complexity of relativity. And when you have this understanding, you realise not only that everything is interconnected but that the earth has a consciousness. The rocks breathe, everything... wwaagghhh... (she takes a big breath) breaths."*⁶

This conceptualisation of the world appears at first very theoretical and impractical, however, such a view is held by many Peruvian and Amerindian healers and is represented in the physical or actual world through a vast network of symbols, cultural ideologies and bodily practices. Essentially, a healer's work is that of a translator, they must illuminate the invisible or spiritual world and utilise its powers to impact the actual world. To help her patients, Maria must be able to represent invisible energies in the visible world. One lady in Lima described a shaman's skill by "having the synthesis ability, to perceive the other, to analyze the affective point of view, not from a logical point of view, but from another logic." An ayahuasca visionary session will take Maria to a field of awareness where she can act directly with these energies or alternative "logic", but the skill of the Shaman is in her ability to utilize this awareness in the actual world. One of the strongest injections of this invisible world arising in the empirical and hence visible world can be found in Maria's concept of 'nature.' In almost all her healing practices, Maria uses nature and its elements (animals, trees, earth, fire, water, etc) as a vessel through which expressions of the spiritual world are impressed into the actual world. It is in nature's impermanent and fluid qualities that echo from jungle canopies,

⁶ From an interview with an Anthropology student at the Universidad Del Católica.

mountain rocks and living animals that Maria notices the emergence of the spiritual realm. It is here that the anthropological term animism should be introduced. For the sake of brevity I shall use Descola's definition of animism; "Among other things, animism is the belief that natural beings possess their own spiritual principles and that it is therefore possible for humans to establish with these entities personal relations of a certain kind" (Descola 1992:114). Therefore, Maria's embodiment of natural beings is a form of animism where by she intends to embody nature's spiritual qualities. It is important to note Descola's further point that "the relation of plants and animals to humans is not metaphorical" (1992:114). Maria is not pretending to be the trees of the jungle or imagining herself as a bird, she is rather allowing the spiritual qualities of these natural elements to emanate within her and for her body to be a location where nature's spirituality coexists with her actuality. Hence the spiritual world and the empirical world are fused together in her body. The shaman's body is therefore a point of affect where both spiritual and actual planes coexist. It is from this cosmological conjuncture that Maria wields the powers to cure.

PART III: PHENOMENOLOGICAL HEALING

WHAT CONJOINS TIBETAN AND PERUVIAN HEALING PRACTICES AND DIFFERENTIATES THEM FROM WESTERN PRACTICES?

Tibetan and Peruvian healing practices on the surface appear vastly different from one another. The geographic location, cultural contexts, medical techniques and history are but a few examples of these asymmetrical qualities that separate the two. However, there is a theoretical bridge that conjoins them. It emerges through the practical applications of these cosmologies. This underlying symmetry is concreted in the ways that both Tibetan Medicine and Peruvian healing approach the patient's mind and body in its positional and perceptual relations to the world. Imbedded in networks of Buddhist and Peruvian cosmological conceptualisations lays a commonality in the treatment towards a feeling and perceiving subject. The symmetry between both Tibetan and Peruvian healing begins with the profoundly sensuous experiences of the emergent subject and the incorporation of sensitivity into a subject's experiential (and hence phenomenological) field. As we shall see, by positing the mind and body back into its own phenomenological field Tibetan and Peruvian healing practices adopt a more holistic approach to healing than their Western counterpart. As our focus is on the experiencing subject, we turn now to phenomenological theory in order to posit healing and its impetus back into the body and mind of the patient and healer.

Understanding Phenomenology

D.W. Smith, calling upon Husserl's founding of the tradition, describes phenomenology as "the science of consciousness *as we experience it*" (Smith 2007:98). This definition, aligning with Husserl's explanations, explains phenomenology as the

study of a subject's conscious experience of sensations, for example the sensation of redness or pain. For there to be such a phenomenology or set of experiences, there must be a subject, an 'experiencer' or an oriented perspective. This origin is given the term 'self.' Therefore, the self arises as the focal point at which early phenomenology targeted its gaze.

However, the nature and composition of the self has been a topic of heated debate for philosophers and anthropologists dating back to the likes of Socrates, Plato and the often forgotten Buddha. Western transcendental philosophy has often attempted to logically reduce the concept of self in order to uncover its 'universal truths', the most influential being the meditations of Descartes and the cogito. However, most phenomenologists and almost all anthropologists are not interested in pure reductions of self such as in the scepticism that Descartes voiced. The concept of self put forward by these disciplines places the subjective self in a context of cultural semiotics, meaning the self becomes an entity contingently dependent on its cultural identity. Csordas claims that the phenomenology put forward by Husserl was not fully absorbed into anthropological inquiry due to its "terminological subtleties and whirl[s] of methodology" (1994:4) that overcomplicated the requirement for its cultural application. He follows M. Singer's (1984:53) observations that a "phenomenological approach to the self has never been thoroughly developed, and in the 1960s was overshadowed by understandings of both culture and self as systems of symbols and meanings" (Csordas 1994:4). Hence, in a reaction to reductionism, disciplines like anthropology swung back at transcendental notions of self by loading the self with cultural context to a point where we lost the subtle understanding of how the self experiences the world, even with the consideration of a contingent cultural identity. Sökefeld (1999) made a similar critique in this article *Debating Self, Identity, and Culture in Anthropology*. Phenomenology hence was lost in a culturally objectified self that rested solely in a consciousness, devoid of the body, physical location and phenomenological experience. However, as Csordas notes, new efforts have tried to recuperate this dramatic swing by introducing a cultural phenomenology that locates the self and experience not only in cultural context but also in the subject's body. It was Merleau-Ponty who did the intellectual leg work to remove the loci of the self from both transcendental notions of universal truths and absolute

social constructs to place it back in the physical reality and complex boundaries of a physical yet culturally informed body – a process he termed, “embodiment” (Merleau-Ponty 2002)

Before exploring Merleau-Ponty’s phenomenology of the cultural body, let us first hazard a working definition of ‘self.’ Firstly we should dispense with the notion of self as an entity or definite substance that is constituted of material or physical elements. I want to steer clear of such a definition that will lead into the well-fought battle over dualism vs. physicalism. Instead, the ‘self’ should be thought of as a positional origin to an experiential perspective on the world. The self’s perspective is characterized by its own self-reflexivity and engagement with the world it interacts with. Hence the self can be described as an orientating perspective with potential to experience the world, and is constituted through a mesh of self-reflexivity, cultural context and physical representation (in the body). The anthropologist Hallowell (1955:91) brought this idea of self to the cultural emersion of persons by noting that these functions of constitution are the internal and hence ‘invisible’ workings of the self, however, they are externalised through processes of objectification that allow the self to emerge as a visible and socially engaging entity, for example as an identity or ‘person’ (Csordas 1994:5).

Merleau-Ponty’s phenomenology is essentially an existential effort to remove the constituents of the self from the objects of its perception and relocate it back into its origin or rather our experiences themselves. “We must discover the origin of the object at the very centre of our experience” (Merleau-Ponty 2002:82). As Csordas notes, his position is therefore “a critique on empiricism” (2002:60), as he attempts to describe a world where objects do not give rise to experiences, but rather where the self’s perception of the world or in other words the experiences themselves are what bring objects into being. Merleau-Ponty claims that the process of objectifying the objects of our perceptions and subsequently falsely attributing origin to the objects themselves is a process of forgetfulness or ignorance about our actual existence in the world.⁷ He goes further to claim, as Hallowell did in his anthropological theory, that the body itself

⁷ This statement should jog the reader’s memory of the Buddhist understandings of ignorance and how in the realm of Samsāra, this ignorance of the world’s actual reality gives rise to low intensities of healthiness. See: “Unlike Western medicine’s “approach [that] is completely materialistic” (Sardello 2004:ii)... 32

becomes an objectified phenomenon in order for us to locate it in a world full of other objects.

Obsessed with being, and forgetful of the perspectivism of my experience, I henceforth treat it [my body] as an object and deduce it from a relationship between objects. I regard my body, which is my point of view upon the world, as one of the objects of that world. My recent awareness of my gaze as a means of knowledge I now repress, and treat my eyes as bits of matter. They then take their place in the same objective space in which I am trying to situate the external object and I believe that I am producing the perceived perspective by the projection of the objects on my retina. (Merleau-Ponty 2002:81)

What he describes is a ‘post-objective’ perspective where the experiences themselves are transposed out of the body and into or onto the world. Hence the tangible allure of the objectified world and of the objectified body leads us to posit the self’s existence outside of itself and we become ignorant of the creative gumption of our own experiences and sensations.

Western Medicine’s Phenomenological Diversion

I claim that it is here that Western empiricism and subsequent western modes of healing have fallen into an ignorance of the phenomenological importance of how we exist in the world. Western empiricism has objectified the world that we ourselves constitute through our own experiential perspectivism and it has forgotten to give credit to the experiences themselves. As Zaner claims, “Along with the scepticism directed to sensory life, it has been a favourite tactic of traditional [Western] approaches to seek the principles of worldly order and organization elsewhere than in sensory experience. Finding ‘causality’ absent from perception...one *had* to seek out an ‘elsewhere’ from whence to derive it” (1981:36). Therefore the body and its isolation from its own sensorial and experiential roots became an ‘elsewhere,’ a mechanical and scientific object. What has followed is a scientific objectification or compartmentalisation of the individual, not only physically but also psychologically. It is through this scientific lens that Sardello can describe Western (conventional) medicine in the following way:

Conventional medicine views disease through the logic of entities. The nature of these disease entities varies considerably, from the invasion of the body by a bacteria or a virus to an alteration of genes. The approach is completely materialistic, relying on a scientific model of cause and effect and treatment that is oriented toward eliminating the cause. It operates heroically. (1983:ii)

This heroic approach to an experientially disengaged conceptualisation of an individual has enabled Western medicine to develop a healing method, which can both achieve incredible feats of healing but also result in very destructive ends to patient's phenomenological experiences and intensities of healthiness. Take for example the use and advancements in open-heart surgery. The success in this field has relied heavily upon the profession's ability to objectify not only the bodies that are being operated on, but also the bodies of the doctors themselves. The doctor's hands and arms must be scrubbed clean of bacteria and used as though they were medical implements rather than the fleshy appendages of an experiencing self. For incisions to be made, the internal organs and the body are objectified and hence distanced from its own sentience. In conversations with surgeons or nurses, they have often told me that they become "numb" or "unmoved" by the sight of surgery, blood or internal organs as they disassociate the "patient" with the objects they are seeing, feeling or smelling. By 'patient,' what they really mean is the subjective experience or perspectivism of a self as it is disassociated with that of the objectified body. Surgery is a good example of how Western medicine's compartmentalisation of the individual permits dramatic and positive changes in intensities of healthiness. You would be hard pressed to find someone who disagreed with the statement that the advancement in surgical practice, that has saved many lives, is a good thing. What then is so damaging about Western medicine's ignorance about a person's phenomenological field of experiences?

The round faced doctor sits across from me in his Orthopaedics department. It is after closing time at the Mentsi Kang and a cigarette hangs paradoxically from his lips. "Tibetan Medicine doesn't divide the body into parts like Western medicine." He raises his hands and flips them down his whole torso. "We treat the body as a whole. The medicine we give is soft, and it doesn't hurt the body it tries to help. It works best with chronic sicknesses where the patient has time to take the medicine for a long time and can slowly recover. We use Western medicine when it's an acute sickness and we need a

quick cure. But that always causes more problems as the medicine is hard and damages other parts of the body.”

Maria sits next to me on a tan brown couch in her apartment and together we sip a homemade fruit drink mixed with coca powder. We are chatting about healing practices in Lima when the topic of doctors (western) arises. “I am always fighting with doctors. They are so arrogant and dogmatic about their approach. They disagree with anything that is not in their medical books and so their minds are closed. Their methods are damaging and invasive.”

Stemming from the err of “forgetful[ness] of the perspectivism of experience” (Merleau-Ponty 2002:81) that Merleau-Ponty theoretically posited at the base of our exploration into healing practices, comes the practical misgivings of Western medicine: the physiological and psychological compartmentalisation of individuals and hence the ignorance of the full participation of the subject’s experience with the world. This ignorance has led to the practice of administering medicines or performing healing methods that although treat an illness in the immediate sense, can often damage long term intensities of healthiness. These methods leave the patient as a compounding locus for dramatic and immediate swings between intensities of healthiness, which ultimately result in further health issues. For example it is not uncommon to find an elderly person in the United States whose medical cabinet is filled with multiple medications that are often used to treat the side effects of other medication. Compartmentalisation leads to a compiling of side effects and resultant low intensities of health that continually have to be treated. The objective compartmentalisation of the individual is perpetuated through systems of treatment as well. For example a person suffering from alcohol poisoning of the liver might have to see a general practitioner, a liver specialist, a physiologist and then perhaps a nutritionist all who only focus on a specific portion of the body or illness. The compartmentalising of the body has led to a division between medical departments that lack adequate communication in order to treat the phenomenologically involved person. Although the aggressive approach to illness that the west employs does help in

healing illnesses quickly and ‘efficiently’ its heroics leaves a wake of imbalance and sideline destruction that its Tibetan and Peruvian counterparts manage to avoid.

Re-Engaging the World of Immediate Experience

Let us return now to the point at which we diverged from Merleau-Ponty’s theory of phenomenology and move away from the ‘post-objective’ perspective in which Western medicine sows its roots and explore the “pre-objective” (1968) world in which Tibetan and Peruvian practices find their healing impetus. The pre-objective field is that of immediate phenomenological experience, where the self is engaged in a fluid and continual experiential interaction with the world it perceives. A pre-objective conceptualisation of the self places the origin of perception back into the self, rather than in the objects that are perceived. As Csordas notes, the pre-objective “is necessary to allow us to study the embodied process of perception from beginning to end instead of in reverse” (2002:61), where the ‘beginning’ is the self’s phenomenological qualia⁸, and the ‘end’ is the objectified world. Hence phenomenology’s definition may be refined to an exploration into the existential self’s pre-objective experiences. This existential field of experiences opens up a new plane of sensation and subjective autonomy that must be considered in anthropological theory. Towards the end of Husserl’s works, he expounds upon the idea of the *Lebenswelt* or “life-world” (1999:363) in order to give validity to such a field of pre-objective experience. Abram unravels Husserl’s complicated theory and explains, “the life-world is the world of our immediately lived experience *as* we live it, prior to all our thoughts about it. It is that which is present to us in our everyday tasks and enjoyments – reality as it engages us before being analyzed by our theories and our science” (1996:40).⁹ Our phenomenological perception is therefore engaged in this plane

⁸ Qualia are the experiences themselves, such as the sensation of redness or pain.

⁹ To help the reader understand the idea of a life-world, consider the following passage from Abram.

“This intertwined web of experience is, of course, the “life-world” to which Husserl alluded in his final writings, yet now the life-world has been disclosed as a profoundly carnal field, as this very dimension of smells and tastes and chirping rhythms warmed by the sun and shivering with seeds. It is, indeed, nothing other than the biosphere – the matrix of earthly life in which we ourselves are

of the life-world and thus our thoughts are continually informed by its peripheral presence. It is worth noting that Husserl claimed that European science overlooked the life-world and voiced the concern that “when we set up this [post-] objectivity as a goal, we make a set of hypotheses through which the pure life-world is surpassed” (1999:373). Again this highlights the path of western medicine and its ignorance of such a phenomenologically centred self, leading to the objectification of patients and healers.

It is at this intersection of phenomenological experience operating ‘pre-consciously’ that the objecting hands of the social-cultural anthropologists begin to rise. The notion of the pre-objective seems to leave out the important elements of a culturally informed consciousness and the culturally constructed self. It is true that phenomenology aims to provide a description of “existential beings, not already constituted cultural products” (Csordas 2002:61). This is the point at which early anthropology rejected phenomenology as stated at the beginning of this section. However, on a deeper reading of Merleau-Ponty’s work, we find he was claiming a type of ‘anthropological phenomenology’ where culture informs and pervades raw perception itself. He recognises the body (the physical locus of the self) as “a certain setting in relation to the world.” (Csordas 2002:61), meaning the perspective of the self is determined by its relation to the cultural world it inhabits. Therefore, he posits experience itself in relation with culture, claiming a pre-objective yet culturally informed phenomenology. Following this line of thought, the goal of phenomenological anthropologists “is to capture that moment of transcendence in which perception begins, and in the midst of arbitrariness and indeterminacy, constitutes and is constituted by culture” (Csordas 2002:61). To understand the raw perceptions of the self as being culturally constituted and hence not universally normative or existing prior to culture, we must further two aspects of Merleau-Ponty’s theory. Firstly, we must posit the phenomenologically engaged self in the physical world, giving it a locus and origin of perspective in the life-world. This process of localisation or ‘embodiment,’ finds its destination in the ‘body.’ Secondly, we must understand how the self constitutes itself through its perceptual reflexivity and

embedded. Yet this is not the biosphere as it is conceived by an abstract and objectifying science, not that complex assemblage of planetary mechanisms presumably being mapped and measured by our remote sensing satellites; it is, indeed, the biosphere as it is experienced and *lived from within* by the intelligent body – by the attentive human animal who is entirely a part of the world that he, or she experiences.” (1996:65)

hence how culture becomes a constituting part of not only the self, but also the phenomenologically experiencing body. Having explained these two final theoretical expansions, we will be able to examine the phenomenological healing techniques that both Tibetan and Peruvian healing practices employ.

The orienting perspective of the self requires a physical location that can engage with the world and experience sensation. More importantly, in order to capture the immediacy of perception, this physicality must not be separate from the self but exist as a constitutional element of the perspective itself. Where do we find such an “orientational locus to the sensorium” (Zaner 1981:35)? Merleau-Ponty answers, in the complicated fleshy milieu of muscle, nerves, cells and sinew that we call the body. He claims that without the sensuous and sentient qualities of the body, without the mode to sensation and without sensations themselves, there would be no possibility of experience. Therefore, the self and bodily organism are reunited into one subject. The term ‘embodiment’ as used by Merleau-Ponty refers to fusing of the self into the body, taking with it its importance as the locus for experiential existence. The word ‘body’ from here on out takes on a very different meaning than that compartmentalised and objectified body employed by Western medicine. Merleau-Ponty calls this new definition the “phenomenal body” (2002:121). His understanding disengages the body from objectification and replaces it in a phenomenal spectrum of experience or rather in direct participation with the life-world. Abram explains the phenomenal body in the following fashion:

The body I here speak of is very different from the body we have been taught to see and even to feel, very different, finally from the complex machine whose broken parts or stuck systems are diagnosed by our medical doctors and “repaired” by our medical technologies. Underneath the anatomised and mechanical body that we have learned to conceive, prior indeed to all our conceptions, dwells the body as it actually experiences things, this poised and animate power that initiates all our projects and suffers all our passions. (1996:46)

We now have our phenomenal body that acts as an orientational locus, however it is worth diverging for just a moment to describe more fully how it engages and experiences the sensuous landscape that it inhabits.

The phenomenal body does not perceive or experience the world through disassociated or independent sensorial functions that later arrive at a conglomerate point of conjunction, i.e. the qualia itself. In other words, the phenomenal body does not

perceive the world through the isolated use of the five senses. The origins of experiences that are in themselves ‘beginnings’ are not formed through compounding sensorial inputs that converge to result in experience. For example, the resultant sensation I get from standing on top of a windy hill is not constructed through the independent experiences of the sound of the wind against my ears, the sight of the valley below and the feel of the wind against my face. The phenomenal body experiences through the ‘synesthetic sense’ of the body, meaning my body “is not just co-ordinated” (Merleau-Ponty 2002:172) through inputs from sense organs, but rather it experiences the life-world as though it were one single sensing organ. For an example of the synesthetic qualities of perception, imagine the sensation of seeing a red ball. The sensation, although born from only the visual sense, arises from the blending of two perspectives, the two eyes. Although there are two, the sensation is singular, immediate and creative. Now imagine the sensation of standing on the hill; all of your body’s senses are converging into one perceivable experience. Hence the phenomenal body functions through synesthetic interaction with the life-world. The quale born from my position on the hill is experienced as a whole, and not as a sum of its parts. As Bannan explains “The phenomenal body’s gathering itself together in a unified intentionality and the establishment of the concrete presence of the object are a single action” (1967:92). My perceptions begin in my phenomenal body as a singular quale and extend into the world of objects. The division of phenomenal experience occurs when my consciousness captures the experiences of my phenomenal body and posits fractions of this sensation into the individual senses and then into the objects apparently causing them. Again, without careful consideration, we may fall ignorant of the true origins of experience and thus posit the self out of the body and in the world of just objects.

Although one might first disagree and stand by the consciousness’s ability to divide sensation into experience, it is worth considering the ways in which the synesthetic sensorial qualities of the phenomenal body have been subtly adopted by common phrase and language. We often blend the sensations that are apparently only perceived from one sense organ yet described and experienced with another. We can often *hear* sounds that *feel* harsh, *see* food that *tastes* good or *smell* something pungent that *feels* slimy. These examples are descriptions of sensations that speak to the synesthetic sense of the

phenomenal body. Again we recall Csordas, “the words used by our informants are not to be treated merely as *terms* but as *experiences*” (1994:244).

Our final task now is to see how this experiencing self, that has a phenomenal body as a contingent element to its constitution, is engaged with and constituted by culture. In the anthropological tradition it was Bourdieu expanding upon Mauss’s theories that brought the social-cultural world firmly into the phenomenal body with his notion of “habitus.” The term used by Mauss originally “referred to the sum total of culturally patterned uses of the body in society” (Csordas 2002:62). However, Bourdieu went further to say that rather than a compiled mass of bodily uses, habitus refers to “a system of perduring dispositions which is the unconscious collectively inculcated principle for the generation and structure of practices and presentations” (Bourdieu 1977:72.) Hence, habitus stands for the notion of a:

...socially informed body, with its tastes and distastes, its compulsions and repulsions, with, in a word, all its senses, that is to say not only the traditional five senses – which never escape the structuring action of social determinisms – but also the sense of necessity and the sense of duty, the sense of direction and the sense of reality, the sense of balance and the sense of beauty, common sense and the sense of the sacred, tactical sense and the sense of responsibility, business sense and the sense of propriety, the sense of humour and the sense of absurdity, moral sense and the sense of practicality and so on. (Bourdieu 1977:124)

Bourdieu’s habitus therefore shows us the continual and constitutional presence of culture within the body and therefore its simultaneous presence in the self. However, can we extend this embodiment of culture into the Merleau-Ponty’s phenomenal body?

In his chapter, ‘Other selves and the human world,’ he makes it clear that not only is culture and social context implicit in perception itself, but “we must rediscover...the social world, not as an object or sum of objects, but as a permanent field or dimension of existence: I may well turn away from it, but not cease to be situated relatively to it” (2002:421). Earlier we defined the self as perpetuating its existence through its own self-reflexivity, meaning the experience of perceptions fold back into itself to inform and extend its own existence. As the habitus of the phenomenal body pervades the self, through the creativity of perception comes as Wagner terms, an “invention of culture” (1975). As we experience, the cultural context that is apart of the self, reinvents itself as it defines and constructs the experiences themselves. Abram notes this constructive invention of culture by saying “the life-world may be quite different for different

cultures. The world that a people experiences and comes to count on is deeply influenced by the ways they live and engage that world” (1996:41). Hence the self’s cultural constituents will inform the phenomenal body and the phenomenological self.

Our relationship to the social is, like our relationship to the world, deeper than any express perception or any judgement. It is as false to place society within ourselves as an object of thought, and in both cases the mistake lies in treating the social as an object. We must return to the social with which we are in contact by the mere fact of existing, and which we carry about inseparably with us before any objectification. (Merleau-Ponty 2002:421)

With this in mind, anthropological phenomenology has the task of examining the pre-objective cultural constituents of the self. The social-cultural anthropologist does not have to be scared of a phenomenological conceptualisation of the self that leaves out cultural constituency, for as shown here through habitus and Merleau-Ponty’s requirement of social internalisation, the social is as much a part of the self as the experiences themselves.

Phenomenological Healing

We should now have a firm enough understanding of phenomenology and the life-world of experience in order to explore the possibility of a phenomenological healing practice. Let us begin with a firm definition: Phenomenological healing practices incorporate systems or methods of healing that engage the phenomenal body (of both the patient and the healer,) the experientially emergent self and the interaction of these two epicentres with the life-world. The exact method or resultant incorporation of these concepts into the pragmatic workings of a practice will vary greatly and be conceptualised in different ways by different cultures. However, through the study and careful analysis of cultural healing practices, it should be possible to decipher if there resides a phenomenological approach to the patients, doctors and healing. A good indicator of a practice that participates in phenomenological healing is buried in the ‘subjectification’ of its practitioners. By this I mean that in its approach to a person in healing, it treats them not as an object but rather as an emerging inner subjective, that in its potentiality to experience comes the inner potential to heal. Hence the healing impetus

is placed back into the phenomenal qualities of the person rather than attributing it to external causation. For example, Tibetan medicine offers subjectively creative potential to healing by conceptualising the patient within a humoral system; hence, inner balance, that is fundamentally driven and operated by the self, acts as the causation of high intensities of healthiness. Although Tibetan medicine does incorporate external factors into the intensity of a person's healthiness, such as diet or weather patterns, these external influences are not the 'beginnings' of the intensity; they are entwined and mitigating entities that inform and influence rather than act as direct causalities. Merleau-Ponty said the necessity of phenomenology was that, "we must discover the origin of the object at the very centre of our experience; we must describe the emergence of being and we must understand how, paradoxically, there is *for us* an *in-itself*" (2002:82). Let me now translate this into the necessity of a phenomenological healing practice: We must discover the origin of the intensity of healthiness at the very centre of our experience; we must describe the emergence of healing and we must understand how, paradoxically, there is *for us* a potentiality of healing lodged *in our selves*.

Before exploring further the phenomenological healing elements within Tibetan and Peruvian practices, I should first say a few things about the term and its application. The term is of my own invention and has evolved from a terminological necessity in studying the comparative elements within the Peruvian and Tibetan healing practices. However, phenomenological healing is not limited to these specific practices, it functions rather as a philosophical methodology, hence it may be applied to many different practices. It is an approach, a way of making visible the potentiality of the mind and body through the use of the phenomenological experiences of persons. In many ways the reader might deduce many other practices, including those of western descent, that participate in phenomenological healing and they might ultimately be correct. This study focuses on intensities of phenomena rather than true or false values, and phenomenological healing's incipency will percolate into other healing practices with differing intensities. However, this project specifically aims to describe and explain the inherent participation of Tibetan and Peruvian healing practices in phenomenological healing.

As we have seen, Western medicine diverges from phenomenological healing in its scientific and objectifying conceptualisations of the body and mind. In its ignorance of the creative and world-making subjective experience we may claim that some Western practices of medicine do not use phenomenological healing techniques in order to cure illnesses. This non-participation in contrast to Tibetan and Peruvian practice clearly shows the distinctive qualities of the phenomenological approach. This non-presence within Western practices should not be seen as a negative difference. I wish to abstain from making such qualitative judgements for they are easily refuted. As we have seen, certain absences in phenomenological healing practices allows for other medical practices and understandings to develop, for example surgery.¹⁰ Therefore the reader should not view the comparison as a qualitative judgement but rather a descriptive contrasting.

We have for too long now dwelled on conceptual theory, which is not the face of phenomenological healing as its central concern is of “being-in-the-world” (Banner 1967:267). Therefore, to further explore the notion of experiential healing and the creative flesh of the phenomenal body let us turn to some more ethnography. We will only then begin to understand how both Tibetan and Peruvian healing practices conjoin in their participation of phenomenological healing.

The Practical Application of Phenomenological Healing through Ethnography

It was late in the afternoon and the walls were taking on a golden shade as the sun hit the mountains west of Lhasa. This was the only room in the Mentsi Kang with a closable door and so the usual mumblings and scuffling of the corridor were strangely absent. The patient, a man, sat on a stool and thumbed his mala beads. His thumbnail was worn into a smooth indented curve so that the red pebbles slipped along the string with a fluidity that only thirty years of bodily impressed habit could instil. The doctor, a thin man with glasses and a voice so soft it inspired you to reply in a whisper, came up behind the patient and gently put his hands on the back of his neck. The man rolled his head forward and stretched the back of his neck to reveal an outcrop of bone. The doctor

¹⁰ See p45.

massaged it gently and although his touch was light, the man squeezed his eyes shut in pain.

While the doctor continued to kneed the skin around the outcrop of bone and quietly talk to the man, two younger doctors prepared three cylindrical cones of incense made out of a strong smelling moss-like herb. When the small cones were complete, the doctor took a pair of scissors and cut away three penny-sized patches of hair just above the hairline on the back of the head. With a black sticky substance, the doctors pressed the cones onto the bare skin, leaving them protruding just above the bone. The doctor continued to whisper to the man and in the time that it took to prepare the herbs and place them correctly on the head, I found even myself falling into a state of calmness that was radiating through the resonance of his voice intermingling with the dimming light.

When all was ready, the two younger doctors kneeled down on either side of the man and the elder doctor stood behind him. Their positioning and presence close to the scared man instigated a feeling of intimacy between doctor and patient that I had never before felt. The doctor lit a stick of incense and, placing it against the centre cone, set it alight. It wasn't a flame, more of a glowing red that bored down into the green herb. The doctor stood back and as thick smoke began to rise and fill the room, he began chanting a Buddhist scripture. The low and quick words rippled around the room and we seemed to inhale them with the scent of incense. The patient's skin relaxed and the contours of creases smoothed as the smell and sounds engulfed him. His lips moved along with the words and his thumb curled the beads in his hand.

For a moment there was calmness, but the red glow of heat that neared the skin brought forward an intense feeling of anticipation inside me. The doctor took a thin bamboo pole and blew air onto the burning ember and the heat intensified. Slowly, I saw the red glow hit skin and I felt the re-tensing of the man's muscles as the two younger doctors helped to hold him still. The chanting became louder and for the first time I felt the doctor's presence expand inside the room, as though he were the thickening smoke that swallowed all of us. The red glow was now inside the man's skin and we all felt the pain. Suddenly, there was a small pop as the ember exploded outwards and everyone relaxed. There was no more pain. I was told that a pop was a good sign and we continued to do the same to the other two cones, however, these did not pop like the first.

The blend of raw carnality with religious experience of this healing practice engages directly with the phenomenologically contingent self and the ever-present phenomenal body. To understand this example of healing in the phenomenological context, we require two things, the phenomenological self and, secondly, its participation in the life-world. Both of these requirements can be found in the embodiment of Buddhism by both the doctor and the patient. For Tibetans, Buddhism is not only a religion but also a habitus that can be lived, and offers an expression of experience. As seen in section two, the cosmology of Buddhism injects a person into a world of spirituality that is defined and systematised through karmic laws and humoral systems of balance. We learnt that Buddhism is an intrinsic element within Tibetan medical practice. What we now find is that Buddhism is an intrinsic part of what it means to be a Tibetan. Hence the Tibetan self is engaged in a continual plane of spirituality whereby karma and the humours play an integral role. Therefore, in the ‘Tibetan phenomenology’ exists a pre-objective interaction with a karmic and humoral world. Essentially, the Buddhist cosmology merges the phenomenology of perception into its own system of humours and karma. As the doctor begins to recite Buddhist scriptures, he engages the patient both post-objectively and pre-objectively. Post-objectively: As the man hears the chanting, his consciousness grabs the words and affiliates itself with the familiarity and comfort that it brings. It affirms the Buddhist within the self and allows him to relax. Pre-objectively: According to Buddhist philosophy, the words travel further, to a pre-objective register of the man’s phenomenological self. The words are experienced phenomenologically at the epicentre of the man’s perception, hence creating him not only as a self, but also as a karmically and humourally contingent being. Merleau-Ponty would claim that his perception of the experience brings him into existence; the Tibetan patient would say that his perception of the karmically loaded verse brings him into existence as a Buddhist. In both cases the man is the central subject and his experience is given pre-objective creative importance.

The Buddhist self is therefore a phenomenologically emergent being that interacts with a life-world defined by karmic and ‘humouric’ laws. The event described may be considered a phenomenological healing practice due to this convergence of Buddhism

and pre-objectivity. Both the doctor's behaviour and the technique of the practice offer specific sensitivity towards the patient's Buddhist and hence phenomenological qualities. The practice neither objectively compartmentalises the patient, nor disengages him from his contingent spirituality. Rather, it approaches him holistically and compassionately while honouring his phenomenological contingency. The healing practice, although painful, may be described as soft and cushioning towards not only the phenomenal body, but the phenomenal self as well. By placing the patient's healing impetus back into its karmically and hence phenomenologically contingent being, we are able to claim this practice as phenomenological healing.

Gonzalo was a short man and would appear thin if it wasn't for the round puffer jacket that bloated his appearance. Lucia, my friend and translator, accompanied me to his home in Surquillo, Lima. Like almost all the healers I had been meeting this year, he spoke softly with an unimposing tonality that made my interview questions seem obnoxious and probing, a trait I always disliked in my fieldwork. By this late point in my work, I had come to realise that healing of this nature involved softness, curves, smoothness, flow, ease, long controlled breaths, slowness and non-abrasiveness. I had tried to embody as many of these qualities as I could, but always felt invasive in asking interview questions.

"I am a part of a secret brotherhood of healers, the Walka Amauta Willakoq, or sacred master messenger. I grew up in the Andes and began learning and practicing healing at the age of seven. I have been in Lima now for 8 years. I use two types of healing. The first is 'hands healing' or touching. I have these powers as they were given to me from my ancestors. However, to use them I must work with the qualities of a 'Hampej';¹¹ I must speak the language of my patients and form a strong relationship with them. The second healing I do is with herbs and plants. Like our masters did, I do rituals with them. In these rituals it is important to consider and respect the plant's spirit. By knowing the plants, I have the 'language de la naturales.' I have a relationship with the plants. It's like having a key."

¹¹ Quechuan for 'doctor.' Used mainly in the Andes.

Recalling the discussion of animism and its integral role in Maria's cosmology from part two, there arises a trend similar to Gonzalo's approach to healing. It is worth noting that Maria introduced me to Gonzalo as one of her teachers and so the connection between the two is strong. When Gonzalo says, "having knowledge of plants is like having a key," he reinforces my previous observation about Maria embodying the point of affect between the actual world and the spiritual world. The knowledge and powers that Gonzalo holds gives him access to a field of spiritual interaction that subtly resides in the animistic world of the plants. Herbal remedies account for a large proportion of Peruvian healing practices. The Amazonian jungle provides countless medicinal plants, only some of which have been tested scientifically. Although Gonzalo welcomes scientific proof of the medicines he uses and values the empirical or chemical changes they bring to the patient, the ingestion of plants and their properties access deeper planes of phenomenological experience. Herbal medicine places in the patient a representation of nature and the animistic powers that are associated to that plant. The interaction of plant to patient simultaneously calls for a relationship between animistic spirits and the patient.

The plant awakens you to the complexity of relativity. And when you have this understanding, you realise not only that everything is interconnected but that the earth has a consciousness. The rocks breathe, everything...wwaagghhh... (she takes a big breath) breaths."¹²

This is why Gonzalo conducts rituals when he administers herbal remedies. They aid in constructing the positive relations between patient, nature and healer that instigate and perpetuate the healing process. These are not new ideas and have been well documented by anthropologists such as Joralemon and Sharon. In their ideological analysis of Culanderos Calderon and Paz, they claim that the rituals "activate a dialectical process by which the forces of good and evil in both man and in nature are brought into meaningful interaction through the mediation of the middle field [the healer]" (1993:6). So what then can be said that is new and may further our understanding of phenomenological healing?

¹² From an interview with an anthropology student at the Universidad Del Católica.

Similar to Tibetan medicine, Gonzalo's healing practice conceptualises both healer and patient as contingently intertwined with the life-world. In this case, the phenomenological plane of experience is not comprised of Buddhist conceptions of karma or the three humours, but rather the complex and animistic contours of nature. By actively positing a patient in this life-world of subtle yet powerful systems of nature, Gonzalo creates the person as a phenomenologically involved agent. In honouring this phenomenology of perception, the patient is treated in a way that will allow for the phenomenal body and the phenomenal self to thrive through an experiential relationship with the life-world. All healing practices therefore aim to increase intensities of healthiness by increasing the patient's experiences of the natural world. Gonzalo never dulls the patient's phenomenology, he never attempts to divide the experiences or disengage a patient from their phenomenology of perception. Herbal remedies help the patient and the healer to engage with these perceptions and hence a life-world of animistic spirits. One of the most intense ways to access this pre-objective register of experience is through the use of Ayahuasca:

Comparing notes on the way home after meeting Mateo, Lucia surprised me with her observations. She seemed to be picking up more and more of the phenomenological healing qualities of each healer that we visited. In an attempt to engage us phenomenologically in each meeting, our first field notes always asked: what did the experience taste, feel, smell, look and sound like? Lucia had seen the room and its furniture, smelt the leather couch, tasted nothing, heard the sound of traffic fused with classical music from a CD player and felt relaxed or at ease. Her first comments to me were, "Did you see the way he used his hands, his eyes and his facial expressions? He knew how to be personable. He captivated you in his movements and his questions. I liked him." So had I. Mateo knew how to speak about Ayahuasca. His explanations had formed from obviously years of rehearsal. But unlike the mundane monotony of repeated explanation, his words, actions and rhythms were charged with sensuous engagement, passion and visceral motivation.

Mateo explains: Ayahuasca is not a hallucinogen. It is a visionary drug. It shows not the external, but what is internal to the self. Alone, ayahuasca has no power. The

unison of the shaman and the drug releases its healing potential. It moves through you in four levels. The first is a physical level. The drug identifies sicknesses and pains that you might have been unaware of. It illuminates these energy blocks to you and can help clear them. For example, it is common for someone to vomit while taking it. This is not the ayahuasca, it is the internal sickness being externalised as vomit. The second level operates psychologically. The drug opens your awareness to problems of the mind, for example childhood traumas or depression. The third level is medical. Ayahuasca can compliment western medicines and can even be used to aid surgical procedures. The fourth method is contextual or situational. It shows you problems of life, such as love, family or friends. It engages you directly with your social self. All of these levels arise from the powerful visions that originate from within you. I will sit by you for the entire eight hours and talk with you to help us understand these visions. As you share them with me, we will both begin to understand who you are in relation to the world.

The practice of ayahuasca represents a phenomenological healing practice by firstly engaging the subject's pre-objective experiences of the life-world and secondly by placing specific emphasis on the care and development of the phenomenological emerging self. As noted earlier, ayahuasca awakens the patient to their inner awareness, described as a pre-objective state in continual relation to the natural world. In a sense, the drug allows patients to take on the transcendent role of the shaman by piercing the animistic/spiritual realm themselves. Usually such a task is left up to the shaman, but ayahuasca allows patients to cross such cosmological divides. However, such a path can be dangerous. Connecting into the immediate and fluid relations of the life-world can be intense and overwhelming. For this reason Mateo's presence is vital. He offers the patients guidance as they enter into their own pre-objective experiences.

However, the experiential field that ayahuasca illuminates should not be thought of as independent or mutually exclusive to the individual patient. As Mateo explains, he will often take ayahuasca during the healing sessions as well, so as to enter the same natural and sensuous fields as his patients. He claims that he can manifest himself in their visions and appear as spiritual aides. His patients often testify to this, as do many other ayahuasca takers I have met. The raw phenomenological experiences of the patient are

then not independent, but rather socially entwined. As the patient attunes their awareness to the originality of their phenomenological experiences and hence the self, a constituting part of that experience resides in both the shaman and the natural environment around them. The travelling spirit shaman becomes the patient on a phenomenological level. Mateo becomes the sensuous experiences of his patients and therefore manifests himself as his patients' fundamental ontology. This powerful interconnectivity represents itself in this deep cosmological construct as well as on a very superficial and mundane level. As Lucia noted, he knows how to be personal and this sensitivity towards his patients represents and honours the deeper interconnectivity between patient and healer. Mateo and Maria are both continually aware of such deep inner connectivity between themselves and the people they meet and interact with. This constant awareness of and participation in the other's subjectivity engages their sentiments and practices in the phenomenological healing category.

At age twenty and having just been living in a rural Nepali village for 7 months, I had neglected a wart on my left pinkie toe. The seemingly benign growth grew disgustingly vast and eventually was widespread and painful. As a first year undergraduate student at the University of Virginia, I decided to venture into the hospital to see if they could remove it. I was told that due to the severity of the wart, they recommended a new treatment that was being developed. Worrying about both the aesthetic and painful qualities of my toe, I decided to accept the treatment. They placed a patch on my left buttock and after a week I became allergic to the drug contained in the patch. They then gave me a gel containing the drug to put on my toe each night. This instigated an allergic reaction in the area, causing my white blood cells to congregate in my toe. While fighting the reaction, my cells also found and fought the wart virus. Unfortunately, the reaction I had to the gel was severe and in one week my entire toe was an open abscess, looking as though it might fall off. I hastily returned to the hospital.

I sat on the white paper and awaited the doctor. Eventually a young woman in a white coat entered. She greeted me happily and I explained why I had come. She motioned to me to remove my shoe and on seeing my rotting toe, immediately stood up and said she would be right back. In came two more doctors, slightly older this time and

a little less courteous. They too took one look at it and left the room. I felt disgraced at my own body and intensely embarrassed at the ensuing situation. Eventually an old doctor, clearly the head of the department, entered followed by an entourage of eight residents, clipboards in hand. He sat down without acknowledging my presence except for prodding and inspecting my toe. He showed the doctors that this was “good progress” and that I should be told to stop applying the gel and let the toe heal along with the warts. He promptly stood up and left the room. Ultimately he was correct, the toe healed over and the warts disappeared. But I am now allergic to a drug I do not know and I no longer remember the ailment of my toe, only the experience of defilement and humiliation.

This practice, while successful, exhibited a very low intensity of phenomenological healing. The stark contrast with Tibetan and Peruvian healing methods should clarify where phenomenological sensitivities surface in both relationship of healer to patient and methods of practice. Firstly, making me allergic to a substance in order to combat another ailment immediately deconstructs the concept of a phenomenal body. I am no longer a holistic being experiencing the sensuous landscape through my synesthetic sense, but rather a machine made up of composite parts that may be manipulated and re-oiled through cause and effect relations. I no longer participate in a life-world of interrelating subjectivities or even consider myself apart of such a realm. My phenomenology of perception is cut short in post-objective rigidity. I am an object among other objects, and hence I am treated as one.

There is no relationship between the doctor and myself. The only thing that connects us in the room is the inanimate object of my body. He does not consider my experience, let alone the creativity that experience provides for my existence as a human being. He pays little to no attention to my mental disposition, isolating experienced emotion from my body. His concern is the toe; my feelings, my self and essentially all that I embody are of little to no concern. These approaches are the antithesis to a phenomenological healing practice.

However, the healing method was successful in removing the warts. One cannot fault the empirical successes of Western medicine in examples such as this. Again, I

would like to stress that this work remains a description of healing practices and aims only to show the lacking of a phenomenological approach in Western medicine. This is not to say that Western medicine is useless or should be discarded. I wish only to stress that the employment of phenomenological healing should be considered and integrated into all practices, as it does have profoundly positive effects in a human being's healing process.

Let us now gather our thoughts and pinpoint some of the key elements to phenomenological healing theory and their manifestations in practical healing approaches:

Firstly, phenomenological healing places the healing impetus in the patients experiencing subjectivity. More importantly, it locates the self *in* the experiences *themselves*. For Tibetan medicine, the phenomenal experiences are those contingent upon a karmically and humourically structured cosmology. For Peruvian healing, the experiences are those derived from a cosmology of nature and animistic spirits.

Secondly, phenomenological healing practices target the interaction between the experiencing self and the life-world. In most cases this involves an attempt to 'unblock' something that is hindering the full participation of the experiencing self with the life-world. Both Tibetan and Peruvian healing methods aim to approach and shift the interaction of the patient's self with the sensuous world they inhabit in an attempt to achieve balance and a high intensity of healthiness.

Thirdly, phenomenological healing practice places specific emphasis on the healers manifesting presence within the patient's experiences. Hence, the subject-object duality of healer to patient dissolves as each person recognises and honours their sharing of a mutual experiential field. This is best practically demonstrated through the sensitivity, compassion and intensity that healers offer in their relationship to the patient.

Fourthly, phenomenological healing recognises the holistic and necessary presence of a phenomenal body. Practices such as Tibetan and Peruvian healing do not treat the body as separate from the self, but rather as a contingent element to the self's ontology. Hence, they honour the phenomenal body's synesthetic qualities and its capacity to experience the world.

CONCLUSION:

One final question lingers on my thoughts as I close not only this paper, but also a continual feeling of personal involvement that was instigated by spending a year with these healers and the healing. What is the driving force behind the healer's impetus to touch such a deep and sensitive phenomenological plane of existence? Why not just objectify patients and bodies, pay little attention to the subtle and visceral experiences of the phenomenal body and smooth over emotional involvement in order to speed up the process of healing, to make it efficient and economical? My conclusive answer to this motivational inquest resides in the centre of Tibetan philosophy, in the concept of 'compassion.' Every healer I met, regardless of whether it was a chief medical expert at the Mentsi Kang or a fortune-teller in downtown Lima, displayed selfless yet affective involvement in their patient's experiences. Given all the other possible motives, it appears to me that compassion towards their patient's sensuous terrains and emerging experiences resides as a central moral calling that drives a healer to practice their art.

I have thus far attempted to introduce two very different types of healing practices and show how they operate within similar phenomenological contextures. My aim was to answer the broad thesis question: How do we, as living and experiencing human beings, participate in the process of healing? To begin to narrow down on an answer I began by asking, what does it mean to be in a state of sickness, healthiness or healing and what role does language play in defining these states? By examining the delicate relationship between the manifestations of life and death, we arrived at an informed concept of intensity of healthiness. This allowed us to view healthiness as a dynamic and fluid phenomenon that operates not through binaries such as healthy or unhealthy, but through a spectrum of continually altering states of healthiness. We could then lay claim to a definition of healing: *Healing* is a process where by an individual, person or society increases the subject's intensity of healthiness. The delicacy involved in talking about healing in ways that would correctly represent its manifestations in the actual world led us then onto an examination of language and its integral and creative role in formulations of intensity of healthiness and healing. The language of healing and the body brings the

internal structures of medical practices into cultural visibility. Reciting the Foucault regime of truth, not only does language reflect ideologies, but it creatively reinforces them, perpetuating and extending the cultural truths. Therefore, to answer a portion of the thesis, we actively participate in the process of healing by simply talking and using language to describe it. We create the process of healing through language.

With definitions of healing and intensities of healthiness in place, I was then able to narrow the study further by drawing upon two ethnographic sources of Tibetan and Peruvian healing practices. To understand the experiences and lived process of healing in these contexts, we required the cosmological framework of each practice in which medical ideologies ruminate and propagate. Therefore the subsequent question asked was, what are the cosmological contexts of Tibetan and Peruvian healing practices and how are they utilised in healing? Through ethnography as well as historic and current accounts, we unearthed the resounding Buddhism within Tibetan medicine and the animistic and natural world beneath Peruvian healing. Healers found the power of healing through the harnessing and utilisation of such cosmological structures.

The third and final question that arose from the progression of the first two was, what conjoins Tibetan and Peruvian healing practices and differentiates them from Western practices? By applying the phenomenological theory of Merleau-Ponty to both Tibetan and Peruvian healing practices, I uncovered lucid parallels in the approach to healing and intensities of healthiness. More specifically, both practices place the patient and healer in a cosmological construct that gives validity and illumination to the phenomenological interaction between experience and the life-world. This is firstly achieved by theoretically founding the concept of an experientially emergent self as intertwined in a cosmological construct. Secondly, each healing approach practically manifests these non-physical relations in the immediate and synesthetic qualities of the phenomenal body. Given these phenomenological understandings of Tibetan and Peruvian healing practices, I draw the conclusion that they both exhibit what I term “phenomenological healing qualities.” In contrast to these two practices, I show how Western medicine demonstrates less of an interest in a phenomenological healing approach. They have sacrificed sensitivity towards the patient’s creative experiential field in order to extend other areas of healings. Where Tibetan and Peruvian healing remains

incapable of surgical procedures due to their phenomenological awareness, western medicine disassociates patients from their subjectivism in order to perform incredible surgical feats. The contrast between the Western practices and the phenomenologically inclined practices help to reveal the practical implications of healing methods that incorporate phenomenological experiences into their methodological considerations.

Given the answers derived from these three questions, we can offer a general answer to the main thesis question. As human beings, we are continually engaged in and created by our experiences of the world and therefore, we engage processes of healing phenomenologically, meaning we participate in healing not through objective observation, but from the subjective experience of increasing intensities of healthiness. We participate in healing passionately, compassionately, feelingly, directly, immediately and creatively. A healing practice will incorporate these qualities in varying intensities and through different practical applications.

Before leaving phenomenological healing, it is worth mentioning the pragmatic implications of such a theory. A main critique of my work might suggest that phenomenological healing is a theory with no practical representation in healing and therefore of no use to the medical profession. I strongly oppose such a claim for two reasons. Firstly, while phenomenological healing is a theory, I have tried to make it clear that it has pragmatic and physical representation in the medical world. The ethnography of both Tibetan and Peruvian healing exemplifies its animate existence in the application of healing. Secondly, an awareness of the phenomenological tendencies of persons provides the healer with an understanding of how important experience can be in the healing process. Forgetfulness of such phenomenological landscapes can lead to damaging results to intensities of healthiness and quality of life. Ignorance of the self's sensitive experiential relationship with the world can lead to further objectification and desensitisation to what it means to be alive, to feel and to exist as a human being. Abram notes the qualities of incorporating phenomenological healing methods into a practice by saying, "the recuperation of the incarnate, sensorial dimension of experience bring with it a recuperation of the living landscape in which we are corporeally embedded" (1996:65). This 'living landscape' includes the social landscape and the people who revolve around each other. To rediscover our selves at the origins of our experiences will open us to the

interconnected relationships we have with our healers, patients, family, friends and communities.

There are a few limitations that should be mentioned about the fieldwork and the project as a whole. The first inevitable pitfall is time constraints. More time would ultimately provide for better relationships and more reliable information. A large portion of my time was spent familiarising myself with the systems that surround healers, such as the Mentsi Kang with its sensitive internal politics or Nuna Ayni as a new and self-evolving healing community. As a newcomer I had to spend much time familiarising these entities with my presence and although huge progress was made fairly quickly, more time would have positioned me closer to their internal workings.

I found the fieldwork in Peru very hard to synthesise due to the huge diversity of practices as well as the gigantic size of the city itself. Tibetan medicine was fairly localised to the Tibetan quarters of Lhasa; however, Peruvian healing could be found in every alleyway of Lima. This meant I required a far greater display of gumption in order to spread myself both wide and thin enough to discover what was happening in the general healing landscape while also focusing on a specific practice. Therefore, this work provides only a snapshot of a few determined healers.

The final limitation worth mentioning comes from the teetering precipice on which I found myself standing. There is great potential for a continuation of this study. The seemingly infinite bibliographies and further reading materials remind me that I have climbed only a foothill at the base of the Himalayas. For example, although I have dipped into Merleau-Ponty's other works, he still has two more major books that I failed to address here. The field of phenomenological studies in anthropology is extremely new and infantile. There is much work to be done until we can fully appreciate the importance of creative experience. The wide landscape that I now view also contains an entire global community of cultures that experience healing as a process. They bring new sensitivities and new cosmologies that have the potential to explode my theory of phenomenological healing. While understanding the minuteness of this specific paper in relation to the global cultures of healing, I see such diversity and compassion as great potential as a field for further study and cross-cultural application.

One area that I only briefly touched on regards the role of modernisation and urbanity in phenomenological healing practices. There has been very little written about the use of an urban landscape in the development of alternative healing methods. Typically, urbanity has been labelled the nemesis of nature and hence the destroyer of practices such as Maria's healing that rests so heavily on the elements of nature. However, the ethnography put forward in this paper evidently shows that this is not the case. Alternative healing practices can and will thrive in urban centres of mass population. There is demand and interest in vitalising these health sectors to complement western modes of healing. We can no longer afford to ignore the impact of urbanity on practices such as Tibetan or Peruvian healing. More importantly we must not demonise urbanisation but rather discover its positive qualities that help phenomenological healing sensitise itself to its patient's and healer's experiences. I want to further this study to see how concrete walls reverberate the life-world to effect a patient's healing process, how time compression in city rush-hour contributes or perhaps alters intensities of healthiness and how city architecture shapes the way the phenomenal body synthesises its surroundings. This further exploration stands as an imperative as populations continue to amass in urban centres.

How willing are we to accept a modernisation of practices that we label as 'traditions?' I have made explicit effort throughout this work never to utter the static and muted phrase, 'traditional' Tibetan and Peruvian healing. As these practices evolve and grow in a modernising environment, their survival depends upon their ability to maintain their history while embracing the future. Hence we see a Western pharmacy attached to the Mentsi Kang medicinal department, the use of x-rays to examine patients' skeletal structures or using aeroplanes to visit Europe or Miami to perform ayahuasca rituals. These 'traditional' practices are displaying positive efforts to incorporate Western medicine practice, but to what extent does this happen in reverse? The fact remains that we often feel uncomfortable if 'traditional' healing encroaches on the hallowed ground of scientific medicine and vice versa. This is where a concept of phenomenological healing has the potential to create dialogue between practices such as Tibetan, Peruvian and Western healing. The commonality of experience in which we as human beings all participate may help to bridge the gap between 'modern' and 'tradition' medicine. I beg

the readers to question themselves in asking how they incorporate phenomenological understanding in their own intensities of healthiness and how willing they are to limit themselves exclusively to either alternative or Western therapies in their spectrum of healing. To arouse curiosity in such a question I leave this work with a final piece of ethnography.

She became the trees rustling over our heads, she became the fire breathing smoke into our lungs and she became the music as she sang songs from her Andean ancestors. She was more than a shaman; she was my friend, my mother and my grandmother. She was the entire world, every animal, and every element. She poured nature into us, comforting and sensitising our alignments with the energy and light that interplayed with our souls. Her song and dance harmonized our reverberations with that of the cars that whizzed outside, the nightclubs that thumped music into the concrete of the streets, the cadences of city construction, the mountains behind the city limits and the jungles beyond...

...A few weeks later I sat on the slick leather couch in my host family's home, mindlessly thumbing the remote. My eyes whisked over the saturated colours of Peruvian television, my ears fluttered and danced between the Spanish that sounded familiar yet not understood. Lazily, I soaked up the experiences that required little to no effort on my part, until suddenly, my eyes opened wide in surprise. There was Maria, singing and dancing the songs I had heard only a few weeks ago. It was more than a coincidence, it was the exact ritual, with the same faces in the same space. I even glimpsed a flash of myself, closed eyed, sitting in the circle on the floor. There we were, having our spirituality represented through the medium of television. Had this changed my perceptions of Maria, of Nuna Ayni, of my work and myself? There she was, she became the trees rustling over our heads, she became the fire breathing smoke into our lungs, she became blue-red-green values, she morphed into digital signals, she transposed into radio broadcast frequencies and multiplied herself endlessly as she travelled all over Peru, she was reduced to something thinner than air but then manifested herself in reality thicker and more prominent than ever before and for a second time I felt her arise in my own sensuous experience.

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THE AUTHOR MAY BE REACHED
VIA E-MAIL AT
JONATHANTAE@DIALHOUSE.COM

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CRITIQUES, OBJECTIONS, SLANDERING AND SUGGESTIONS.

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