

**Shamanhood and Mythology
Archaic Techniques of Ecstasy and Current
Techniques of Research**

In Honour of Mihály Hoppál, celebrating his 75th Birthday

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Illness, Other and Subjectivity in the Shamanic Healing of the Kavalan (Taiwan)

The subject of early anthropological research was the Other in non-Western society, forming a set of knowledge for understanding others. However, most researchers were from colonial countries and the subjects of research were usually the colonized people, an unequal social relationship existing between the two. From the national liberation movements that appeared from the late 1950s until the present, this political and economic relationship in which one side is much stronger and dominates the other has gradually changed. At the same time, the living environments of these others are no longer limited to isolated villages and the natives are also unable to position themselves outside the global capitalism system.

Among these complex and continual changes, the power relationship between anthropologists and the natives began to receive criticism and the methodology and knowledge established by them was also questioned. To name a few of the arising objections, Clifford (1985) criticized the ethnographies written by Malinowski, Evans-Pritchard and the like as narratives fictions. Is the language of anthropologists just an arbitrary symbol system (Saussure 1995[1916])? The discourse of anthropologists about foreigners had become a tool of power (Foucault 1971). Only through the all-knowing (omniscience) authority of anthropologists, can foreign peoples/cultures be understood and controlled (Lyotard 1979). In other words, the subjectivity of the Other emerges only when interpreted or defined by anthropologists. Or the ethnographic texts, written by anthropologists need, like novels, to be reread and deconstructed (Derrida 1967). Also, contemporary social formation is no longer made up of segments but includes multiple societies, peoples, countries and regions and the theoretical frames available for analyzing social structure has destabilized our observations, thinking and writing about subjectivity (Biehl et al. 2007). Consequently, how to think about and write about human agency and subjectivity has become a very important issue.

In terms of the discussion of subjectivity, in the early 20th century there was brilliant debate between philosophers and social scientists. Sartre emphasized personal, independent, autonomous and subjective experience. His “existence precedes essence” discourse was that apart from existence there are no natural moral standards or religions. People have the freedom to choose and a person is defined by his/her actions. However, the idea that society decides runs through “social facts” and “collective consciousness” in Durkheim’s social theory (Durkheim 2002 [1895]). He stresses the influence and control over an individual of society and the collective

orientation. In the structuralism of Lévi-Strauss, the individual or subjective consciousness is removed from the structure of decisive thought, forming a theory in which the person cannot be seen, only the structure. In addition, Foucault (2001) thought that the problem lies with neither thinking nor spirit and that the subjectivity of people is decided by subjection. The venue in which subjection operates most effectively is the body (non-spiritual) and that a person's self-identity is decided by the techniques that affect the body. This article will examine subjectivity through focusing on the body also, in particular how, in special circumstances of everyday life, the body is defined as being sick and then is treated by shamanic healing rituals.

We will examine contemporary forms of human experience, in particular how modes of subjectivity are (re)constructed or declared by the means of physical illness during the experience of interaction with others. In other words, in the subjectivization process, "becoming ill" is used to link the private body of the individual with historical encounter with others in the local village, major political, economic and social changes experienced personally. By viewing the genealogy of a contemporary marginal group's subject, with the Kavalan of Taiwan as a case study, we will explore the dynamics agency when an individual traverses different societies. These processes include competition and conflict with outsiders (Austronesian neighbors, Han, Japanese and Westerners), such as their management of political "civilization", reform of morality, force of State authority and the changes of the economic capital market and the arrival of Western medicine and Christianity.

In the village of PatoRogan in eastern Taiwan healing by *mtiu* (Kavalan shamans) is still common. When the individual feels *taRaw* which means a vague feeling of pain, discomfort, listlessness or unease for a period of time, it is a turning point to reconstruct or declare himself as the ethical subject. That is the individual experiences a body-crisis / life-crisis or perhaps faces a conflict situation and he/she feels the need to change or protest by leaving behind a certain state. In the Kavalan group life an individual may not be allowed passage to a better state alone. With the occasion for (re)construction of the ethical subject the assistance of a particular person, a *mtiu* (shaman) has to be sought. The *mtiu* uses certain techniques to carry out divination *subli/pasepi*, then diagnosing the "cause of illness" and the "source of illness" and, on this basis, deciding the corresponding people, time, place, things and reactions needed to heal the patient. This means that an individual will consciously act in pursuit of change and in the process of acting, he/she will become a social subject and find a new position through the medium of the *mtiu* (shaman), thus strengthening part of his/her own self.

Furthermore, when a person goes through the "become ill" process, he takes up the subject's position constructed by the shaman's diagnosis and treatment discourses, and then transforms the discourse into individual subjectivity. During this process the other person/group becomes the cause of the illness and an individual

carefully establishes symbolic exchange relationships through the ritual, trying to alleviate antagonism and conflict. As a tendency, ancestors are established to be the cause of illness most frequently, as a response to the disappearance of some social values in changing times. Illness creates opportunity and a mechanism for different subjects to interact with each other and, at the same time, gives the body a cultural meaning different to its definition in biomedicine, becoming a means of constructing oneself, a group or local identity.

When someone is ill, the shaman's interpretation by using divination as the medium forms a kind of sickness representation discourse. These discourses also give the cognitive world of Kavalan villagers' conditions of possibility. Also, we can see the inferred discourse of the whole process of the rituals in which the shaman diagnoses the cause of illness and recommends treatment as a set of statements that the Kavalan use to discuss and understand things, and they not only construct the way the members of the group see the world, they also construct the categories for the people's understanding of knowledge. Put differently, the shaman's illness-related discourses standardize the cognition and thinking of the Kavalan and decide what the people can imagine, what behavior is permitted and what cannot be done. At the same time, the discourses of the shaman relating to illness and healing reject other methods for viewing and understanding the world, knowledge, historical events, the space in which people exist, and even a person's own body. The illness and healing discourses are not the product of a single interpretive text, but rather a series of connected ideas, actions and religious belief forms that constantly appear in various activities and in mechanisms at every level in society on a daily basis.

The Kavalan's encounter with the Other

The Kavalan arrived on the northeast coast of Taiwan 1000–2000 years ago (Toichi Mabuchi 1931; Liu Yi-chang 1993) and gradually moved from different locations onto the Yilan (Lanyang) Plain. When they moved onto the plain the first enemies they encountered were the people of the Atayal tribe who had migrated from central Taiwan, lived in the mountains and were keen headhunters. The etymology of the name Kavalan is “people who live on the plain”, distinguishing themselves from the mountain-dwelling Atayal. The Other plays an important role for them in making distinctions between “others” and “us” and even define the subjectivity of us. In the early 1600s the Spanish began missionary work in the Kavalan coastal settlements, exchanged goods and dug for gold. The earliest written record of the Kavalan was written by a missionary, Jacinto Esquivel, who wrote that the area had 40 *lamu* (villages) and around 10,000 people (Borao 1993). This Other from the West didn't control the area, only stayed for a short time in a rather semi-colonialist manner. In Kavalan language today there are still traces of Spanish, for example,

frasko (bottle), *tabaco* (tobacco), *kafayo* (horse), *mais* (corn), *kafaw* (cow) *pasqua* (New year)¹ (Bareigts 1987).

The others who were the biggest threat to the Kavalan were the Han who settled in large numbers and cultivated rice beginning with the end of the 1700s and the Japanese who were the colonial rulers of Taiwan for 50 years from 1895. After over 200 years of assimilation by the Han, forced relocation and the Kominka policy, the identity, language and social culture of the Kavalan was placed under immense pressure and almost disappeared. In this process of frequent migration and war, the physical illnesses suffered by the Kavalan and the shaman healing system were closely connected to localization following these migrations and wars. Only when the people of the last Kavalan settlement in eastern Taiwan, PatoRogan village in Hualien County, launched a campaign in 1987 for the tribe to be recognized as one of Taiwan's indigenous tribes did ethnic consciousness begin to gradually re-form. In 2002, the Kavalan were officially recognized by the government as an ethnic group and, from this point on, received an increasing amount of political and economic resources. Today, the group numbers around 1300 people. The village where the researcher carried out most of the field research, PatoRogan, constitutes about one third of this total population. It is a journey of about 30 minutes by car from this seaside village to the Fengbin Indigenous People's Hospital, the nearest hospital where Western biomedical treatment can be received. In addition, over half of the villagers converted to Christianity in the 1970s.

Although biomedicine became more widespread and the number of believers in shamanism decreased, it was still common for Kavalan people to seek the help of a *mtiu* to diagnose the cause of their illness and treat it using the *subli/pasepi* divination ritual. In fact, some of the Ami people who live in the area would also seek the assistance of a Kavalan *mtiu*. The Kavalan believe that some illnesses cannot be treated by a doctor and must be treated by a shaman using traditional methods, resulting in the coexistence of alternative medicine, biomedicine and Christian religion, while separated. On the other hand, the illness diagnosis system through divination of the shaman includes the use of Western biomedicine and Han herbal medicine, in other words, on a cultural level the Kavalan accept both biomedicine and Han herbal medicine.

Alterity and illness

Illness and others are often regarded as enemies from outside and both "outsiders" are in fact, with the body as a medium, equated and given the same symbolic meaning, presenting a threat to the survival of the individual or social group. In the Mapuche society of South America the evil that makes men ill is thought to be related to the Spanish colonialists (Bacigalupo 1998). In the Navajo society some

¹ Pascua in Spanish means Easter.

strange illnesses and droughts are attributed to British colonists (T. Csordas). Also, sometimes powerful foreign colonialists are not associated with the cause of illness, but others who live nearby and are equal in power constitute the problem, like in the case of the Baruya of Papua New Guinea (Godelier 1982). These others who were imagined to be the cause of illness are “killed” or “exiled” in the shaman’s healing process and are defeated. By doing so the shaman cures the patient and encourages society. These “war”-simulating healing rituals are a proactive behavior for handling the relationship between self-subjectivity, others, life and death, tradition and acculturation by individuals or society. However, the progression of events from an individual falling ill to being healed is not simple or an ingenious political resistance. We must understand the conversion of the experience of others, illness and the healing ritual, and in particular the interaction between individual experience, inner society and inter societies.

The Han and Japanese, the main dominant outsiders, had a massive impact on the Kavalan. What is interesting is that they were not regarded by the Kavalan as causing illness. It was their Austronesian neighbors, who hunted the Kavalan for their heads and who in turn were hunted by the Kavalan (for their heads); equal as they were in power, until today, they are viewed as causing illness. Below we will further examine the course of an individual becoming ill, the shaman’s illness diagnosis discourse and healing process and thus see the connection between others, illness and subjectivity.

Illnesses caused by spirits from Others: spatial discipline and exchange geopolitics

According to the Kavalan shaman’s discourse, the cause of illness is linked to the others ethnic groups, including Kapaisinan, TeRaqaz, Paturisan and MakeLaRai, all of which are at the same time the names of places on the periphery of the village. These causes of illness are related to geographical space and wars between the group and other ethnic groups at the establishment of the village, and in the time span from its early days around 1880 until today.

Villagers were still contracting this illness during the author’s field work in 1993–2000, but it has been seen less and less in the last few years. This reduction in frequency is directly related to the improved relations between the Kavalan and neighboring villages and the disintegration of village boundaries under the effects of globalization. Example A, interviewed by the author during field work, had regularly dreamed of an old man for a period of time, but she did not know this man. Subject A felt this was strange; she was easily falling ill and was worried that it was an omen of bad things to come. She was herself a *mtiu* (shaman), but a *mtiu* can’t treat herself, so she went to another shaman for diagnosis.

The diagnosis was Kapaisinan. The origin of this word and cause of illness is related to the neighboring Amis people. The root *paisin* in Kapaisinan originally meant “taboo” in the Amis language. The Kavalan borrowed it and interpreted it as a special Amis ceremony and belief. There are different discourses in the village about Kapaisinan: one is that it’s a place name near the stream next to the police post in the lower part of the village. This place became a taboo place for the villagers in daily life, a kind of “heterotopia” (Foucault 1984). The crisis operating model of the Kavalan heterotopia is different from that of Foucault, reserved for individuals in crisis like adolescent boys and girls, menstruating women, and old people. The Kavalan believe that passing by this place will provoke the spirit of a deceased member of another ethnic group and the intruder will fall *taRaw* (ill). In other words, the Kavalan don’t practice the prohibition of a person for being in a “crisis state” compelling them to isolation, on the contrary they believe that a crisis is the result of passing through/by a taboo place where the Other’s spirits “stayed”.

As for where the wandering spirits are from, there are several different sayings in the village:

A. Before the Kavalan’s ancestors moved to PatoRogan over 100 years ago, the village was inhabited by the Amis/Sakizaya people. They were very superstitious and, although they moved away to live elsewhere, they left numerous objects at Kapaisinan, including pottery fragments and stone tools; hence the Kavalan believe that if they go there they will become “ill” (Api narrative).

B. Previously the Amis lived there, and the Kavalan saw they had the habit of planting bread fruit trees (*tlasay*) where they lived. When they moved away, they left three large *tlasay* behind. No one worships the trees, so the *kuit* (spirits) of the Amis will look for people to worship them and, if an unlucky person from the village passes by, he/she will become “ill”. (Abas and Hachain narrative)

C. Kapaisinan was the home of another ethnic group, and was also the place where the *qataban* headhunting festival was held when the Kavalan defeated their neighbours, the Maitomale (called the Atayal/Truku by the Kavalan). If Kavalan people go there, they can easily become “ill” because of “encountering” the wandering Truku spirits there (Ipai & Utai narrative).

Concisely, Kapaisinan was the home of other ethnic groups before the Kavalan moved in, and also a place where battles were fought between the Kavalan and their enemies – the Amis, Sakizaya and Truku – when the village was established and later. TeRaqaz, Paturisan and MakeLaRai are places with the same historical significance. It can be seen that these places that “make people ill” correspond to real places in the village, forming heterotopias that manifest in a special way (see the places numbered 1–4 on the map). These places are heterotopias of different type that form a kind of enclosure in the village (see the dotted line on the map). At the same time, they are landmarks that, located below the center of the village, form exits. Together with the bread fruit trees (*adansonia*) and bamboo groves that

are over 100 years old, the streams that are the geographical borders of the village and the cemetery, holding the graves of ancestors on the slope, are forming a special landscape, drawing the real village boundaries (see the map). Simply put these places that make by passers “ill” – these crisis heterotopias – correspond to the scope of free movement and taboo places, indicating how village activity space is organized and managed.

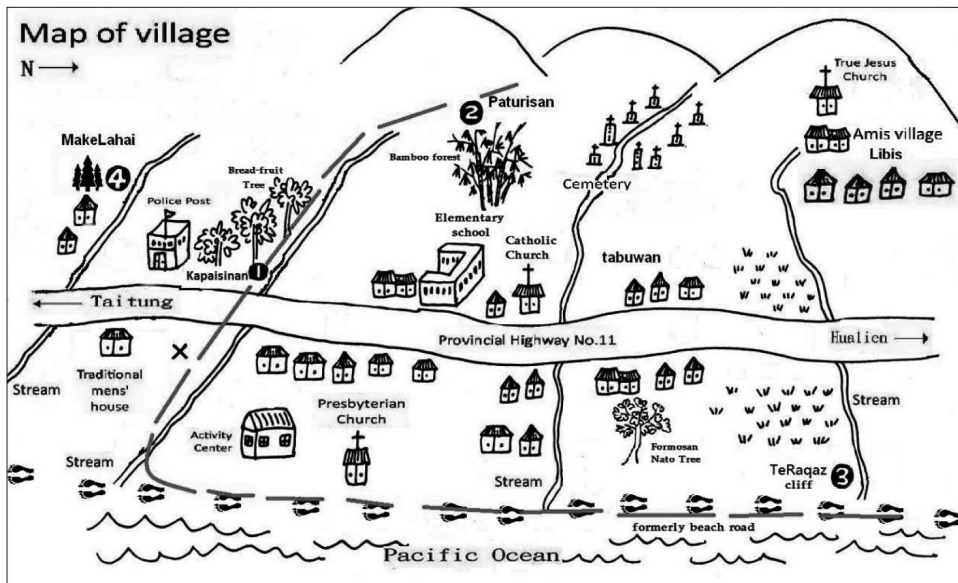


Figure 1. Map of the correspondence between illness, Others and space of village

These heterotopias on the periphery of the village confine the spirits of dead members of another ethnic group in fixed places to limit their freedom, isolate and symbolically stabilize them. The tangible landmarks of bread fruit trees, bamboo, groves or streams have a kind of social segregation effect, forming an enclosure exclusively for the spirits of the dead from other groups. The spirits within this enclosure cannot move freely and are segregated. This segregation is a kind of analysis of the geographical area of the village and also a kind of supervision of the people who live in this space. If people disobey the taboo and pass through the taboo place they will become *taRaw* (“ill”).

These symbolically segregated illness-causing heterotopias can also be opened and closed. Generally speaking, these places are not open to the public and can only be entered by people when the healing ritual (*paladas*) is carried out. They must be accompanied by a *mtiu* shaman, be purified first, and go in quickly carrying offerings; then the ritual is carried out. When the healing ritual is completed, the patient walks away quickly without looking back. Then this space is closed and is, once again, separated from the space in which normal daily life is lived.

Furthermore, these heterotopias are related to heterochronies and have the effect of secluding people from a completely demarcated traditional time. In today's village, no one has actually experienced these historical conflicts with others in traditional time, and they are simply the common historical memories of ancestors. However, in the Kavalan symbolic representation these early members of other groups/enemies are transformed into "spirits of the dead/wandering spirits" by the communal imagination, a cultural concept that can move freely through time and space. Time and space have been cast aside here, and they are regarded as immortal. These past enemies pass through time and space and make people ill (*taRaw*) in order to live in the bodies of living people today, to perform and talk as though alive. This illness seems like ventriloquism, taking people back to narrating the origins of their ancestors and village. Through the body afflicted with the ancestral spirit illness, the memories of other groups and battles are reawakened. Moved closer and transmitted as concepts of "places of memory" (Nora 1997), are thus forming a sense of place (Gesler 1991), a local group-centred identification, the means for group a subjective construction of history and spatial discipline.

In the Kavalan's symbolic representation, these "enemy spirits" "look for people to give them food when they are hungry." What is interesting is that only people who live in the village, a geographical group, can be "found" by these spirits and become ill (*taRaw*). Through *taRaw*, everyone develops an extremely close and intimate connection with the history of the village's formation while, at the same time, the boundaries of the communal geographical and social identity are also molded.

Shamanic healing as means of negotiating conflicts

Let us look now at how this enemy spirit illness was cured by the *mtiu* (shaman). The "patient" had to prepare gifts as "bribes" and then go to the place where the illness was contracted, for a separating ritual to take place. The "patient" prepared one of two sets of offerings (*pas paw*): The first was a matchbox with a few matches in it (*tekin*), cigarettes (*tabaku*), betel nuts (*lalas*), betel leaves (*bila*), a small piece of black, white and red cloth and coins (*kelisiu*). The other set was: a glutinous rice cake (*nuzun*), pork (*babuy*), betel nuts (*lalas*), cigarettes (*tabaku*), coins (*kelisiu*), nails (*balis*), betel leaves (*bila*) and small, colorful beads used to make necklaces (*laten*).

In these two sets of offerings, we can see that the Kavalan prepared things they thought their past enemies would like to eat, as well as things that were seen as valuable in the past, such as clothes, coins, nails (representing tools) and beads. In the imagined world in which the offerings/gifts were exchanged, these past enemies are no longer enemies, unlike the many instances where shaman of the Mapuche, Navajo and Baruya defeat and drive away the spirits of the enemy. The Kavalan, through the symbolic offerings, sought to control and influence these enemy spirits

and then, through negotiation, resolve the conflict, competition and antagonism over the respective interests of ancestors on the two sides.

Conclusion

During the healing of the enemy spirit illness, the social value of symbolic exchange with the enemy spirit was in overcoming antagonism. The social meaning of becoming ill and shamanic healing was in overcoming historical antagonism. At the same time as a conscientious effort was made to heal the patient, the dead/living and enemy/self-exchange mechanism allowed an individual to not be completely controlled by others (enemy and supernatural forces) while preventing him/her at the same time from being totally autonomous or independent, leading to the establishment of geopolitical social relations.

Through physical illness and healing activity we can see the subject limitation of the Kavalan. There has been active and selective integration of foreign concepts, conduct, terms, medicine, and symbols into the Kavalan system of interpretation and their re-construction. By means of the body/spirit perception they unconsciously chose the neighboring Turku, Sakizaya and Amis tribes, with whom they had closely interacted in the same space for more than a century, as the construction mechanism for individual identity and mobile group boundaries when passing through different social lives, rather than the colonialist Han or Japanese, who were powerful but were absent from their immediate living space. The Kavalan created their microhistory from the conditions that they inherited after a long period of forced migration by Han Chinese, such as the traumatic amnesia of the people of PatoRogan with regards to the Kaleawan Incident (the Kavalan resisted the encroachment of Han Chinese into their territory,) that illustrates how construction of new village history deliberately avoids the Han Chinese. This special selectiveness was historical, geographical and local and was closely connected to the people's everyday living space.

References

- Bacigalupo, Ana Mariella 1998. The Exorcising Sounds of Warfare: The Performance of Shamanic Healing and Struggle to Remain Mapuche. *Anthropology of Consciousness* 9: 2–3:1–16.
- Bareigts, André 1987. *Notes on Kkef.falan*. Hualien Fengpin: M.E.P.
- Biehl, J. – Good, B. – Kleinman, A. ed. 2007. *Introduction of Subjectivity: Ethnographic Investigation*. Berkeley: University of California Press.
- Borao, José Eugenio 1993. Aborigines of Northern Taiwan. According to 17th-Century Spanish Sources. *Newsletter of Taiwan History Field Research* 27: 98–120.

- Clifford, James 1985. De l'ethnographie comme fiction. Conrad et Malinowski. *Etudes rurales* 97-98: 47-68.
- Foucault, Michel 1971. *L'Ordre du discours*. Paris: Gallimard.
- Foucault, Michel 1984. Des espaces autres, hétérotopies. *Architecture, mouvement, continuité* 5: 46-49.
- Foucault, Michel 2001. *L'Herméneutique du sujet*. Paris: Gallimard.
- Csordas, Thomas J. 1999. Ritual Healing and The Politics of identity in contemporary Navajo Society. *American Ethnologist* 26: 1: 3-23.
- De Saussure, Ferdinand 1995[1916]. *Cours de linguistique générale*. Ed. C. Bally – A. Sechehaye, with the collaboration of A. Riedlinger. Lausanne – Paris: Payot.
- Derrida, Jacques 1967. *L'écriture et la différence*. Paris: Éditions du Seuil.
- Durkheim, Emile 2002. *Les règles de la méthode sociologique*. Presses Universitaires de France.
- Gesler, Wilbert 1991. *Place and Landscape in The Cultural Geography of Health Care*. Pittsburgh: University of Pittsburgh.
- Godelier, Maurice 1996 [1982]. *La production des Grands Hommes*. Paris: Fayard.
- Liotard, Jean-François 1979. *La condition postmoderne: rapport sur le savoir*. Paris: Éditions de Minuit.
- Liu, Yi-chang 劉益昌 1993. 竹圍遺址初步調查報告。宜蘭：宜蘭縣立文化中心
- Mabuchi, Toichi 1931. スナサイとカバラン族。南方土俗 1:3 :118-123.
- Nora, Pierre 1997. *Les Lieux de mémoire* (Tome I.) Paris: Gallimard.
- Ortner, Sherry 2006. *Anthropology and Social Theory – Culture, Power, and the Acting Subject*. Durham – London: Duke University Press.