Despite the thought-provoking theological and philosophical implications of the adage urging the healer to heal himself/herself, medical anthropology has, with some notable exceptions, given relatively little attention to the problems of well-being experienced by healers themselves, as distinct from those of their patients. This paper focuses on the conflicts experienced by men and women who become healers and how they try to resolve them. The case taken is of the Angami people of Nagaland, northeastern India. There are broadly two kinds of healer, each of whom is subject to contrasting pressures and conflicts. Shamans depend on tutelary spirits who may at various points control the shaman him or herself, who may have been initially reluctant to become a shaman. Other healers such as herbalists and masseurs may sometimes use but do not rely on tutelary spirits and draw instead on their own non-divinational skills. An increasing number of such healers have become Christian and are obliged to adapt their practices accordingly, including the divinity of a new God, sometimes denying a previous personal or family connection with shamanism. At issue in both cases is a struggle between human and divine agency, which, writ large, is a struggle between human self-determination and external forces of control, this being possibly reflected in the fact that Nagaland has for many years been the scene of an armed struggle against the Indian government for political autonomy.

The interest in ‘patient agency’ (e.g. most recently, Hsu & Høg 2002) needs to be complemented with a focus on ‘healer agency’, namely, how and to what extent healers choose their vocation, are fitted into them involuntarily, or do so through a combination of ostensibly intentional and forced activities. It is especially in the relationship between religion and healing that questions of human and non-human or spiritual agency arise and tensions occur. Put simply, is it healers or gods who determine diagnosis, treatment and cure? Healers and diviners are commonly classified in the anthropological literature according to such relative strengths of...

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external control and self-determination. Firth’s early (1959) threefold distinction between involuntary spirit possession of individuals, spirit mediumship instigated by persons other than the medium, and shamanism as the voluntary invocation and use of spirits by the shaman him/herself can broadly be extended to healers generally, who vary cross-culturally in their capacity to operate independently of divine inspiration and effect.

It is also clear from the literature (e.g. Allen 1976, p. 511; Spiro 1967, p. 230) that healers engaged in divination are more likely to draw on or fall under the control of tutelary spirits than, say, herbalists, bone-setters and masseurs, who may or may not work through some source of divinity. Even where the roles of divinational and non-divinational healer are combined in the one person, this differential tendency prevails. Given the fact that spirits, perhaps a number together, tend to play a greater controlling role in framing or determining the decisions and actions of divinational healers, it follows that differences of human and non-human agency are at issue, though they may not be expressed as such.

As a concept (see Arens & Karp 1989, pp. xi–xxix), human agency in anthropology has come to mean self-determination (‘I am the agent of my own desires’), but may also refer to an instrumental means to an end (‘one is the agent of others’ ambitions’). This ambivalence in the concept derives from the fact that, while at one level of consciousness individuals see themselves as each acting autonomously, they are at the same time subject to the constraints resulting from the actions and expectations of other autonomously thinking individuals around them (Littlewood 2001, 2002; Parkin 2000). Agentive ambivalence here reflects the alternating place of the divine or spiritual in healing, at one time dominating and at other times subordinate to the healer’s aims and actions. The advent and impact of a world religion and of biomedicine on such customary healing systems may promote new possibilities of agency, and it is relevant for medical anthropology to ask what directions these may take. One possible direction perceived by some healers themselves is the opportunity offered by a world religion like Christianity, sometimes in combination with biomedicine, to reinforce or increase their healing abilities, while another is to resolve or reduce the conflicting pressures from which they may see themselves as suffering as a result of the demands of tutelary spirits. With regard to the latter, healers may themselves need to be healed, as Kendall (1988) points out, a reminder of an evidently world-wide tendency for spirit healers themselves first to suffer affliction as a condition of, and journey towards, knowing how to diagnose and cure.

The case presented here is of the Angami people of Nagaland, northeast India, who have converted in large number to Christianity1 over the last two or three generations, and among whom a long-standing traditional distinction between divinational and non-divinational healers has sharpened as the latter have become Christian and the former have mostly been prevented by their tutelary spirits from embracing Christianity.

I discuss this differentiation of healers and show how their respective responses to Christianity can be regarded as indicating struggles by individuals to control their own access to sources of health and well-being. I touch also on the question of whether this problem of self-determination in the face of alternative external constraints and directives is related, in the manner of micro to macro, to the ongoing...
struggle for political autonomy by some of the Naga peoples, of whom the Angami are one.

The Angami divinational healer: working towards agency

Taking the Angami divinational healer first, they are known as *themu-mia* or *themu*. The root is *themu*, which means ‘to guess’, and the suffix *mia* means ‘people’ as well as ‘person’. Therefore a *themu-mia* is a person who can guess or predict; the term English speaking informants give as ‘witch’ is used for both men and women diviners (see also Sekhose 1984, pp. 234–235).

Whereas monographs on other Naga communities devote some space to the divinational healer, there is limited ethnographic information on the Angami equivalent. Hutton mentions the *themu-mia* only in passing:

… There are, however, forms of divination and witchcraft demanding more specialised knowledge, the people who practise them being private practitioners and not public functionaries. They are known as *Themuma*.

(1921a, p. 242)

He then explains the role in a footnote on the same page:

*Themuma* are persons who are recognised more or less on the strength of their own assertions as possessed by a god (*Terhoma*). They are not in any sense appointed by their fellow villagers. Their powers vary from merely dreaming dreams to the practice of genuine black magic. The *Themuma* is often able to divine only when in a trance or some such non-normal condition.

(1921a, p. 242)

There is some acknowledgement of a tension in this description of partially controlled agency, which may be set alongside the description of similar diviners which he and Mills had come across among the Lotha, Rengma and Ao Nagas. Hutton’s lack of interest in the role of *themu-mia* may perhaps be attributed to the marginal status of the Angami healers in formal village political organization. Unlike societies in which shamans combine political with religious authority (see Atkinson 1989; Lan 1985; Lewis 1989; Taussig 1987) this feature does not characterize divinational healers among Angami, who in other respects broadly fulfil the definitional criteria of shamans (cf. Eliade 1974; Hoppel & Sadovsky 1989; Thomas & Humphrey 1994), and may hereafter be referred to as such. Nor do Angami shamans also act as priests, for which there is a separate term (*zhevo, kemovo* and *phichii-u*, depending on the particular Angami group), and whose position is formally hereditary unlike that of the shaman. Shamans do, however, experience conflicts between controlling their own agency and, through spirits, having it controlled, a theme running through I. M. Lewis’s study (1989).

I knew closely and interviewed eight shamans (*themu-mia*) — four men and four women, all above 50 years of age. All except one, a woman depending entirely on healing for her subsistence, primarily depend on cultivation. Although not hereditary,
the position of shaman runs in particular families with at least one member on either the paternal or maternal side becoming one, normally on the death of the predecessor. However, new shamans do not normally inherit the tutelary spirits of their forebears, nor do they achieve their positions through apprenticeship. They are only ever chosen by the spirits or *terhuo-mia*, of which there are two types: *tei-rhuo-mia* (white, sky spirits) and *ketzi-rhuo-mia* (dark, earth spirits). Shamans are helped by spirits from one but not normally both types, lest one kind become over-demanding and troublesome, as happened in one case.

The spirits approach the future shaman in anthropomorphic form, wearing Angami clothes of either white or black, depending on type, pursuing him or her in dreams, or while visiting the fields or forest. Most *themu-mia* I interviewed said that initially they were reluctant to become a shaman in view of the perceived many hazards in becoming so and the constant confrontations with bad spirits.

The following case both illustrates the process of becoming a shaman and the career-long struggle on the part of the person to control their own agency in the face of that which would make him or her a shaman.

Zao, who is more than 50 years old, was first contacted by *ketzi–rhuo–mia*, the dark, earth spirits, when he was 16 years old. The spirits, who wore dark clothes and looked ‘just like us’, first appeared in his dreams. Zao ignored these dreams because he was not interested in becoming a shaman (*themu-mia*). However, soon these spirits began appearing to him on his way to the fields and to the forest. To avoid an encounter with them, Zao began carrying garlic which is believed to repel all spirits. However, one day when Zao was returning from the fields, he was accosted by a man who was a mirror image of Zao himself; one of the spirits had transformed itself into Zao’s likeness and had been following him. Zao was then told by the *terhuo-mia* that it would beat him till he agreed to become a shaman. Zao was terrified, and since he was not carrying any garlic, ran towards the village to get some, deciding however out of fear to spend the night there. When he came out to relieve himself, he found the spirit still waiting for him. Finally, Zao gave in to the demands of the spirit, who told him that there were sick people who needed his help. Before Zao, his elder sister was said to have been contacted by the other kind, white sky spirits, but became mad and died before becoming a shaman. According to Zao, another jealous shaman had caused her madness.

Zao is helped by eight spirits, all of whom are male, though sometimes only seven of them are there to help him. They live in the forest, water, mountains as well as among humans. They look like human beings, but from their eyes one can make out that they are not human and belong to another world; the pupils of their eyes are said to go up completely so that only the whites are visible.

Zao uses seven grains of rice for divination. It is through the movement of the rice grains that his spirits talk to him, reveal the cause of the sickness and tell him which part of the patient’s body is afflicted. His spirits may ask for rice beer, which should be brought in by the patient or his relatives. Zao would keep the rice beer standing in its container for three days, at the end of which, depending on whether it turns sour and murky, he would predict the number
of years the patient would live. It smells strong as soon as the spirits taste it.

Zao also contacts the souls of the recently dead, especially those dying suddenly, and informs the relatives if the dead person requires something in the next world. For this his clients bring rice beer and a fowl, which he consumes at night and then talks with the soul of the dead through his spirits.

Zao also provides some herbal cures which are revealed to him in dreams by his spirits.

The tutelary spirits of the shaman, *themu-mia*: struggle or symbiotic relationship?

After being pursued by and succumbing to the demands of numerous spirits, a shaman is thereafter assisted by two or more of them, although some shamans are unsure as to the exact number, due to the wandering and elusive nature of spirits resulting in their not always being available for divination.

While some shamans are able to predict without all their helping spirits being present, others require the full set of spirits to help in the diagnoses. For their part, when a serious case comes to the shaman, all the tutelary spirits come together to help, and may sometimes by various means warn the shaman of forthcoming cases. Such pre-knowledge can take the form of discomfort on the part of the shaman in walking to their field or forest, in experiencing the symptoms of the patient, or by being told by their spirits. The manner of divination also illustrates the mutually bound nature of the relationship of shaman and spirits. There are three different methods. The most common involves the use of grains of rice, the second uses shavings of a particular plant and the third, which is recent, uses money offered to the shaman by the patient.

The first method, known as *keyhuo*, requires the patient or his/her family members to bring rice grains which have been touched by the patient. The shaman picks up a few grains – usually four or seven – puts them in the palm of the right hand and then slightly shakes the palm. In a mumble unintelligible to people present, he speaks with his tutelary spirits. Depending on the way the rice grains settle on the palm, the future of the patient is predicted and a remedy prescribed. If the rice grains settle close to each other it is a good omen, but if they scatter, or if one grain separates from the rest, it is inauspicious and the patient may even die.

Another way of divining is called *thuoph*. For this, the stem of a plant, known as *ciesenha*, is shaved using a wide-bladed knife called *dao*. Each shaving is dropped onto the ground, and the omen is read depending on whether the slices fall on the freshly cut side or the other, on top of each other or not. It is a good omen when the shavings fall on top of each other. Hutton also mentions this form of divination (1921a, p. 245).

The method using money is novel and bears no name. A practitioner was a watchman at his village primary healthcare centre who became a shaman on retirement. He uses money in odd numbers, i.e. 21 rupees, 23 rupees, and so on. There should always be one coin included in the money given for divination, while
the odd number is essential for carrying out the conversation between him and his spirits. He touches various points on the patient’s body with the money and then throws it on the floor. The omen is read by looking at the way in which the currency notes unfold. The money is kept by the diviner.

All shamans use one of the above methods of divination, except one woman whose spirits tell her in dreams at night or early in the morning about the cases that will come to her and the cures required. She is thus able to practise her skills only in the mornings, after which her spirits wander during the day.

With one exception, shamans do not charge a fixed fee for divination and any other healing (herbal and bone-setting) carried out by them, but accept whatever the clients offer. They say that their tutelary spirits do not allow them to charge a fee, and that should they do so their healing powers would diminish. Even the shaman who uses money in divination will not spend it on the running of the household. Most clients at the outset do in fact give shamans some money along with the rice grains brought for divination and, should they be cured, will bring fowls, shawls and bamboo carrying-baskets. This delicacy concerning payment highlights the shaman’s dependence and indebtedness to his/her spirits as well as in effect constraining any ambition to build up wealth. The idiom is in fact more general and constitutes a professional ethic, for other healers and not just shamans refuse to charge and depend on offerings from clients.

Shamans of neighbouring villages know of each other; including those from a different Naga community, and may refer patients to other shamans who (or whose helping spirits) are regarded as specialists in treating certain illnesses.

The most common treatment involves making an offering known as ushiesü to the particular spirit who has caused the illness. The meaning of ushiesü approximates ‘scapegoat’ and is always offered in exchange for the soul of the patient. Depending on the spirit’s suggestion, an ushiesü could consist simply of eggs and a few pieces of iron which are placed on a banana leaf and left near the village gate. Sometimes, a few tassels from the patient’s shawl are also included. A severe illness might even require releasing an unblemished or kemesa fowl in the forest. Offerings found on a path are not picked up. A further shamanic skill made possible only through the help of spirits is that of detecting thieves and stolen property and missing persons, although some shamans say that pointing out particular individuals as responsible for a crime is nowadays likely to have harmful repercussions. Hutton also mentions that the Angami consult some ‘seers’ to find ‘the whereabouts of stolen property or the name of the thief’, adding that such divination was not regarded favourably by the British administration and that ‘the seer is apt to get punished by authority for fixing guilt on innocent persons’ (1921a, p. 245).

While tutelary spirits are essential for success in the above tasks of healing and recovery, most shamans are also proficient in other kinds of healing practices, such as herbal medicine, massaging, bone-setting, curing sprains and curing the effects of poisoning. While a shaman’s spirits have helped locate and define the illness or injury, the actual competence to remedy it is regarded as in the personal gift of the practitioner who, in this sense shades into the area of non-shamanic healing, for this is of course the work of non-divinational healers proper. The expertise of Zelouvi in bone-setting was acknowledged by the staff of Kohima Naga Hospital, in the capital town, who sometimes consulted him. He opened a ‘clinic’ in a row of shops which
also housed the clinic of a private biomedical practitioner. In the mornings he attended to clients in his house and then briefly worked in his 'clinic', where he kept and administered herbal medicine or plaster-tape to a fracture or sprain. As might be expected, it is easier for a modern biomedical hospital to acknowledge those aspects of a healer’s role which are couched in terms which diminish the influence and role of spirit possession and control. Indeed, since such hospitals commonly derive to various extents from Christian missionary activity or involvement. This kind of acknowledgement of healing powers is in effect a Christian affirmation. How do shamans, then, generally fare in their relationship to Christianity, and are the tutelary spirits and Christian churches in fact in competition for the person of the shaman?

Shamans and Christianity: agency at play

As expected, given their dependence on tutelary spirits, most shamans are non-Christian, known as Krüna. With the spread of Christianity, it is not unusual to come across instances where, except for the shaman, the rest of the family has converted to Christianity, and where it is regarded as unacceptable that the shaman should do so. Tensions may arise and conflicting pressures on individuals may be evident. One shaman agreed under persuasion to join the Revival Church, but never attended service, claiming that he had indeed considered conversion but that his dark, earth spirits did not allow it, although his wife and eight children are Christian, some Baptist and some Catholic. As a further example of conflicting pressures and expectations and of a struggle among spirits themselves to secure control over human agency, a former shaman became a Christian, claiming that two of her tutelary spirits, both white, sky spirits, had accepted her change of faith and had stayed with her, while her third spirit, of the dark, earth variety, had abandoned her. Such struggles may be reflected within the family. A practising Christian who was a herbalist and masseur and intended opening an herbal clinic and training school for teaching herbal medicine denied that his mother was a shaman despite her being known in their native village as such. He spoke of her only as a herbalist who was supposedly in contact with the ‘spirit god’ or ‘Jehovah’ and whose healing talent was the gift of God, denying the role played by the non-Christian spirits in her work and so indirectly seeking legitimacy for his own. While some Christian Angami do indeed dismiss the concept of shamanism as Angami superstition, others tell stories of famous shamans and necromancers, including one or two renowned for their additional prowess in bone-setting and herbal medicine.

The tension between the distribution of divinational and non-divinational healing powers thus reflects wider conflicts of personal ambition and preference and is also found in the procedures accompanying succession to the position of shaman. After the death of a shaman, it is not necessary that the next one in line from the family or clan would be identified soon after. Sometimes the inheritance of the ‘gift’ could jump one generation and pass on to a grandchild of either sex. There are several cases in which the present shaman had acquired the power from one of his/her grandparents or another family member who could not have been predicted. The gift or
calling is usually made known in a dream, as when a father appears telling a son that he should help other people and work for their welfare (zevi).

Though characterized as inheriting a gift, becoming the next shaman within a family is normally neither sought nor wanted. Indeed, it is commonly only fear of reprisals by spurned spirits that obliges those so chosen to take on the task. It is indeed believed that those individuals who get the calling to become a shaman but who do not or cannot utilize the gift will become kemelo, which is to lose the power of hearing and speech. Refusing to become a necromancer (one who communicates with the dead, terhuo-pe), after being called to do so, may also result in kemelo.

The pressures to accept the calling against one’s wishes are graphically illustrated. A man suddenly disappeared for some time and began behaving strangely after his return. He was under pressure from the spirits to become a shaman, but because there was nobody to guide him as to how he should perform the rituals and adhere to the code of conduct required for a proper performance of these initiatory rituals, he failed to become one. It was only after he came to occupy the office, not of shaman, but of priest or kemovo of his village ward (khel) that he recovered. But satisfactorily reconciling personal wishes with the demands of the calling is not always possible.

What is striking about such examples is the tension between the apparent human capacity for choice and the dire consequences of not making a choice that suits the spirits, resulting in a personal dilemma that in fact negates or reduces the value of human agency.

The doubtful question of whether or not specific rituals are needed adds to the uncertain nature of the relationship between shaman and spirit. Only one woman claimed that she had ritually to cook a chicken in a new pot when she became a shaman. The relatives of another female shaman noted that she used to go outside the house to perform puja or prayers, but they did not know what this entailed. Mills (1937, p. 172) also mentions a similar procedure for the initiation of the Rengma Naga divinational healers, who are supposed to sacrifice and eat a cock after the first visit by their tutelary spirits. Although among other Naga peoples the divinational healers or shamans are associated with familiars in the form of leopard, tiger or some other animals, no case occurred among the Angami during my fieldwork. It may be that the apparent rarity of animal familiars among Angami shamans is a modern reflection of the greater influence in their society of Christianity and of its objection to this belief in animistic transformation.

In some Naga communities such as the Ao, Rengma, Lotha, Sema and Konyak Nagas, the divinational healer is also approached to contact the souls of the dead, which s/he may do by entering a trance said to resemble ‘epileptic fits’, as mentioned by Mills (1922, 1926, 1937), Hutton (1921b) and Smith (1925). Among the Angami as well, some shamans are capable of contacting the souls of the recently dead. But the Angami also have specialist necromancers known as terhuo-pe who may or may not be shamans, some combining both roles and identified as such, and others acting only as necromancers.

While the tutelary spirits of shamans are clearly unacceptable to Christianity,
partly because they presuppose giving powers to non-human agents other than God, necromancers by contrast operate through and communicate with spirits who were indeed once human (the ruopfĭu). Are necromancers any less acceptable to the churches? And in what sense is their work of communicating with the dead part of people’s perception of healing?

The necromancer (terhuo-pe): bridging agencies

The word for necromancer, terhuo-pe literally, means ‘one who is a bridge between this world and that of the spirits’: terhuo, ‘spirit’; pe, ‘bridge’ (see also Hutton 1921a, p. 245). However, the word pe also means ‘shivering’ or ‘trembling’ and so the term may also refer to one who trembles under the influence of the spirit (see also Sekhose 1984, p. 229). In the formal Tenyidae language, terhuo-pe is now termed terhuo-pfi, which means ‘a person through whom one can speak to the dead’, a kind of spirit medium. Women especially have this power of necromancy, which may be exercised in the mourning period after a death, while, given the arduous passage from the world of the dead, it is the souls of deceased men who speak through the necromancer.

When I asked my informants whether souls of both Christian and non-Christian dead make contact through the necromancer, a herbalist elaborated that only the souls of non-Christians or Krūna do so, because the souls of Christians do not go to the same place after death as Krūna.

By this account, then, necromancers would seem to stand outside Christianity, being not so much rejected by the religion as already functionally apart from it. This clear statement of contrast between Christians and non-Christians regarding their believed ultimate destinies and means of communication is not, however, matched by agreement concerning how people become necromancers, nor how much power the Christian church may exercise over the spirits of the dead. There are in fact contradictory claims regarding what kind of people become a necromancer. One is that they must have a very strong soul, such persons being able to receive the soul of someone seeking help from a distance, a capacity known as sanei. A second view is that they must have a very weak soul because it is believed that the soul of the dead can speak through a necromancer only after suppressing or taking over the latter’s own soul.

Although supposedly catering for non-Christians, the spirits of the dead impose pressures on potential recruits much as do tutelary spirits on potential shamans, though, being human, there is some evidence that the spirits of the dead will at times listen to pleas made in the name of Christianity. For instance, a village herbalist and bone-setter narrated the case of a girl who, he believes, would have become a necromancer had he not recognized the symptoms in time and suggested remedial procedures, including Christian prayers.

In other respects necromancers experience a similar incompatibility in becoming a practising Christian as do shamans. Chūkhohori, an old woman who had given up the practice on joining the Baptist church, was too ill to participate in an arranged interview, being unable to meet or speak with outsiders. Her husband and daughter
explained how she had become a necromancer at the age of 14, becoming at the same time a shaman, as her paternal grandfather had been.

One night ‘angel-like beings’ dressed in white clothes came down from the sky and took her soul (ruopfu¨). That night she fell ill with high fever. At the same time, she could also feel that another spirit power had come close to her. This spirit power was, supposedly, one of the tutelary spirits, known as rodo, without which a necromancer cannot perform.

After this initial encounter with the two ‘angels’, about 12 terhuo-mia, a mixture of sky and earth spirits, began working with Chükohori. Three terhuo-mia worked closely with her, acting as her assistants. One of them was rodo, who was male and the other two were female. These female spirits were said to take on the role of ‘nurse’ towards her patients once Chükohori had diagnosed the illness and prescribed a remedy.

Chükohori’s husband and daughter did not know what kind of rituals she would perform before going into trance as a terhuo-pe. However, they recollected that before every performance, she would leave the house and be gone for a while. On her return, she would be feverish, and in this state she told them that the ruopfu¨ of the dead would contact her and later on during the trance would speak through her (kesia khri¨ or kesia phou, meaning ‘appearance of the dead’).

Either the shaman is contacted by the ruopfu¨ of the dead for passing on a message to the living relatives, or the relatives may want to contact the dead for a particular reason. Depending on who wants to contact whom, Chükohori would follow different procedures for the performance including divination using rice grains.

In 1984 Chükohori converted to Christianity and joined the Baptist church. She decided to leave her helping spirits, but they continued to stay with her until her Baptism in 1990. Interestingly, while her two female helping spirits did not object to her conversion and had in fact converted with her, the third spirit, rodo, did not approve. Chükohori told her family that it had taken her so long to convert because she thought that leaving her spirits might make her ill. According to her husband and daughter, Chükohori had converted for salvation.

Despite the positive role of the dead, in the end necromancers share similar problems with shamans in continuing to practise while becoming Christian. After all, although necromancy does not constitute an ancestral cult, it involves sufficient veneration of the dead and belief in their powers to compete with the Christian demand that only one God be worshipped. Its incompatibility with this Christian demand is further illustrated in the process of trance through which the necromancer communicates with the dead and exercises quite considerable powers of prediction, contact and agency.

The necromancer first becomes unconscious and at this stage needs to be fed a large amount of freshly brewed rice beer. In the middle of the trance the necromancer begins to pant and say, ‘I am thirsty, give me more zutho (rice beer) to drink’. The soul of the dead is said then to enter the necromancer through her toes and travel upward to her mouth. As a medium now, she begins to speak in the
voice of the dead person. If a man, the latter will first utter a loud *mekwü* – the war cry. Towards the end of the trance, the *ruopfui* of the dead says that it needs to return to the land of the dead before sunset, sometimes also instructing the family members and onlookers to feed the necromancer a chicken, saying that she has suffered during the trance and needs to be given this food to revive her energy, a reference to the exhausting struggle occurring when the *ruopfui* speaks through the necromancer. She may be brought out of the trance with *khrie*, a locally made yeast used for brewing rice beer, or by burning rags. *Terhuo-pe* (necromancer) is also mentioned by Hutton (1921a, p. 245), whose description tallies with those of my informants who have also witnessed *terhuo-pe* trances.

Although I have not come across any information which links the office of *terhuo-pe* explicitly with prescribing cures for illness, there have been cases as mentioned above in which an individual combines the role of both *themu-mia* (shaman) and *terhuo-pe*.

The cases of well-known necromancers were often narrated to me by both the *Krūna* as well as Christian informants. An incident which occurred almost three decades ago has now gained legendary status. A necromancer (who was also a shaman) who died in the early 1980s had been famous for her trances. During one of the active phases of the insurgency movement in the 1970s, she was allegedly consulted by the members of the Naga Federal Army, an underground outfit, to locate their missing comrade after their encounters with the Indian Army troops in the jungles. She spoke out in the voice of the missing comrade and narrated the incident of the encounter, as well as pointing out the exact spot in the jungle where the body could be found. Powerful spiritual agency here redounds to the status of its human exponent, contrasting with the weakness of certain humans in succumbing to their spirits but indicating also the possibilities of recognition and higher status that human mediums may be accorded.

**Conclusion**

Angami recognize a difference in tendencies among healers. Divination through tutelary spirits primarily underlies the practise of shamans and necromancers. Other healers who concentrate on herbalism, massage and bone-extraction do not depend on divination through spirits. Terms distinguish these different healing roles and so help maintain the overall differentiation between divinational and non-divinational healing, despite these skills sometimes being carried out by the same person.

Persons ‘called’ by tutelary spirits to become a shaman or necromancer commonly claim to do so reluctantly and out of fear of the consequences for their health and life if they refuse the summons. The idiom is thus of their own health being threatened if they do not care for the health of others. Their consequent dependence on these spirits and their use of them in divination in effect debars shamans and necromancers from Christian church membership.

However, almost every ward in an Angami village also has herbalists, masseurs and fishbone-extractors, among whom spirit divination is not their primary work. I shall in Part 2 discuss how these non-divinational healers acquire their power to heal and what kind of healing is carried out by them. Do we find the same kind of struggle...
for agency within a person’s roles, or between roles undertaken by separate persons, and does the use of extra-human curative power present problems of compatibility with Christian church membership?

Part 2. Non-divinational traditional healers

Part 1 explored the often stressful conflict of roles experienced by divinational healers, whose obligations to their tutelary spirits are not compatible with their own possible wish to become Christian or simply retain individual autonomy. The second part now asks how much this conflict can be said to characterize the work of healers who do not depend primarily on tutelary spirits. It continues the broad concern with how healers may sometimes feel a need to heal themselves, or at least secure well-being, not through their own therapy but through church membership.

Fishbone-extractors, herbalists and masseurs

Fish is an important part of the Angami diet, and people often have fishbones stuck in their throat. An expert in extracting them is called khorha bie-kelie-mia. The term refers to the method by which the power is acquired and what it entails; khorha is river otter; bie-kelie means ‘to touch lightly’ and mia is person. So the term means ‘one who has acquired the light touch by killing an otter’. It is believed that a man able to kill a river otter by biting its neck, without the use of a weapon, acquires the power to alleviate suffering caused by fishbone or bones of any other animal which may get stuck in the throat of a person. The person who acquires this power never himself suffers from the same trouble. Accounts are given of men intentionally hunting otters for this purpose, and of being sought out thereafter for fishbone-extraction. They usually have to observe certain rituals and prohibitions after killing the otter, including refraining from eating the meat of the otter. There is generally one such specialist in each village. The healer strokes the neck of the patient gently in the downward direction saying, bie wa te ho, meaning ‘it has been already taken out’. After this the patient is given either something to drink, such as rice beer or tea, or some boiled rice to eat, to make sure that the bone has slipped down. According to one specialist, it is quicker for him to extract a fishbone than a bone of any other animal.

As this is considered a gift or power bestowed by God, for which the name Ukepenuopfu is used, the healers do not charge any fees lest the power be withdrawn. They do accept gifts from the cured patient, as do shamans. Three practitioners well known to me acquired the power when they were still non-Christian (Krūna), saying that it was generally held among the Krūna that conversion to Christianity would make such power for healing redundant. Indeed, at first, they had also thought that their power to heal would be lost upon conversion, but this did not happen. One became a Baptist in 1957, and the other two healers converted to Catholicism in the 1980s. The Angami concept of Ukepenuopfu, which includes reference to sky spirits, has come to straddle both pre-Christian and Christian beliefs.
in a supreme being, the term having been translated by the American Baptist Mission to denote God in the Angami Bible. The belief that the gift of bone-extraction comes from God rather than from named spirits or from the human dead is enough for it to be associated with Christian notions of the one God, so enabling healers to continue practising effectively by virtue of His gifts.

Does this same concept extend to the work of such other healers as herbalists and masseurs, who are found in every Angami village and who are known by the term *daru-kesi-mia*? The word *dāru* is taken from Nagamese (the *lingua-franca* of Nagaland), and originally derives from the Urdu expression *dava-đāru* meaning ‘medicine’; *kesi-mia* means ‘person who knows’. Some of the healers who are massage specialists are also known as *nābhi* or navel setters, while others are called *nādi* (a Hindi word meaning ‘pulse’) or *unounya*, literally, pulse specialist. A small number have left their natal villages and moved to the townships. While some are illiterate, others are educated and work in the state government offices or teach in a school. The children of established healers sometimes take up healing as either a full-time or part-time profession. In regarding their healing talent as a gift from God, addressed as Ukepenuopfū, some healers also describe Ukepenuopfū as like Krūṇa or non-Christian.

Bano, aged about 25 years and a Baptist, works as a cook in Kohima Science College hostel. According to her, it was in the year 1984 that she received her ‘gift’ or the ‘power to heal’ from God, whom she referred to as Ukepenuopfū throughout the interview. Bano said that in her dreams God had told her that she should begin using her gift of healing to help people, otherwise she would be punished.

Before Bano started her practice she had recurrent dreams for two months in which she would see patients coming to her for treatment. An elderly man in white robes, who seemed to her like ‘God’, would instruct her on how to heal the patients. Sometimes she would only hear a voice giving her instruction that was, according to her, the voice of God or Ukepenuopfū. These dreams, though not identical in details, had the common theme of seeing a patient who would be ill in a different part of the body in each of these dreams. Her dreams always concluded with her pouring water on the patient, which was followed by the patient getting up from the bed and running away saying ‘Praise the Lord’.

Her neighbour hurt his thumb, which, remembering her dreams, she massaged and cured. On telling her grandfather later about the incident and her dreams, she was admonished for not having spoken to him earlier. For seven years she did not openly acknowledge her healing talent and did so only after the prayer group from her church prophesized that she had healing powers and requested her to use this gift from God to help others. Interestingly, she is the first one in her family to have such a ‘gift’, a clear difference from divinatory or shamanic skills which run in families.

Her mainstay is massaging, but she also prescribes herbal medicines for certain ailments. She told me that by touching the body of the patient she can diagnose the illness. By placing her hands on the back and the shoulders of a person she comes to know whether that person has a heart complaint. She uses what she called ‘Burmese oil’ for massage. According to her, it is imperative to
apply oil on the palms before touching the body. She also uses herbs for curing which she collects from the nearby forest. She experimented with the herbs on herself first. After about two years, she began to give these herbal medicines to her clients. She claims that almost 90% of her patients get cured through a combination of her massage and herbs.

Some of her clients come to her after being disappointed with the treatment provided at the Kohima Civil Hospital. Some people come to her for special blessings for which she prays by reciting verses from the Bible. Generally patients come to her in the morning between 9.30 and 11.30 a.m. Before diagnosing the illness she prays for the patient. Like most other healers she does not charge any fee from her patients as her talent for healing is a gift from God and so should be practised in accord with the concept of *zeri* or welfare. Again, after being cured, her clients bring her gifts as a gesture of gratitude and she accepts such gifts, which may be either in cash or kind.

In cases where herbalists do in fact have, or have had, a relationship with tutelary spirits, there is commonly a reasonably clear line to be drawn between the healers’ understanding of, on one hand, the source and powers of herbal remedies and, on the other hand, their spirits, the identity and nature of which may anyway be modified to conform more to Christian notions of divinity.

Nituo, a 60-year-old herbalist and bone-setter and retired school teacher in Kigwema, began practising herbal healing in 1983, 30 years after it had been prophesized by a group of women who had come to Kigwema village on a revival crusade in 1953 that he would get talent for healing from God. He, too, receives gifts for his services but does not charge. Nituo is a member of the Revival Church that he joined in 1964. He is also one of the office holders in the Revival Church, but he does not go to all the Sunday services. One of his brothers is a pastor in the same church. Nituo says that some of the prayer group members of the Revival Church came to know of his talents through their vision during the prayer session and urged him to start practising. After this he began to practise herbal medicine and bone-setting/massaging.

On some instances during the interviews with him, Nituo called himself a *themu-mia* or shaman. On one occasion, while narrating to me the incident of a girl, mentioned above, who was thought to be on the verge of becoming a *terhuo-pe* or necromancer, he said that because he is a shaman he could see the souls of the dead who were waiting in her room. However, he is not recognized as a shaman by the villagers, who know him as a *daru-kesi-mia*, the term for herbalist. In fact, Nituo has a good knowledge of the spirit world of the Angami. Before he started his herbal and massage practice, he used to hear voices, which according to him were the whisperings of the tutelary spirits called *terhuo-mia*. These white sky spirits forewarn him of patients coming for consultation; before any serious case, he gets a vision of the patient. Nituo claims that by merely looking at the patient he can tell what is wrong with him/her. When he is attending a patient, the spirits speak in his ears instructing him which medicine to use. Sometimes Nituo claims that the spirit helping him is the Holy Spirit and his reasons for being the member of the Revival Church are the proximity he
feels to the Holy Spirit during the church service. According to him, his helping spirit does not like him to hold any office in the village. As a result, having been chosen as village chairman, he stepped down from the post after just one week.

He says that the knowledge of herbal remedies for certain illnesses that are new is revealed to him in dreams. Interestingly, he claims that he knows of a herbal cure for drug addiction that is supposed to be similar to the one used against a love charm. According to him, the logic behind both love charms and drug taking is similar: both tend to overpower the logic of the individual and make them either addicted to drugs, or fall hopelessly for a person. The medicine helps undo this addiction. The antidote to love charm is called kemoprű, literally, meaning ‘other than what is wanted’. Because Nituo knows the ingredients used for making the addictive charm, he claims that he can make the antidote which undoes it. He collects plants for the medicines from the slopes of Japfu mountain, a source for medicinal herbs for other practitioners from Southern Angami region as well. Practitioners who hunt in the Japfu mountain know its flora thoroughly.

Another herbalist and masseur is a woman of 60 who has been practising for more than 25 years. She began after the birth of her children, converted to Christianity five years later and adopted the practice of praying to God before treating patients. She maintains that, although she may have inherited the initial capacity from her maternal grandmother, an expert, she did not learn specific herbal cures and massaging from her, and that this talent is a gift from Ukepenuopfú /God and that she is not helped by tutelary spirits. Like others, she also claims that she can guess a patient’s illness by just looking at their face.

Her mainstay is massaging which she uses for curing such women’s ailments as abdominal pain, uterus dislocation, pregnancy and childbirth. According to her, because women carry out the heavy agricultural work their womb or uterus becomes distended and shifts from its normal position thus causing discomfort. She pulls it back to the normal position by massage. After the massage she gives herbal medicines which are prepared by mixing various roots and leaves, some of which are grown in her kitchen garden and some from surrounding forests. Normally the medicine is prescribed for one to two weeks, but in serious cases she recommends up to two months.

She is well known as a midwife too and claims to have delivered almost 90% of the babies in her village ward. Patients who have not been cured after hospitalization also consult her, and she is herself sometimes taken to the hospital to treat a patient by the patient’s relatives. Similar incidents were narrated to me by other healers: when patients do not show much sign of recovery their relatives bring these traditional healers to the hospital to give advice as well as to perform massage and administer medicine. All this is generally done surreptitiously so that the doctors in the hospital do not come to know.

A key claim is that there are two types of healers: first, those who are helped by the spirits, and second, those who have the gift naturally, as innately bestowed on them by God. But even these latter depend heavily on material substances in
providing cure. Thus, with regard to non-divinational healers, their practical curative knowledge and their recognition of their indebtedness to the one God are mutually reinforcing.

Acquisition of healing powers and agency through practical knowledge

While recognizing their talents as God-given, it is in fact clear that non-divinational healers recognize also that it is their own responsibility to learn healing techniques and applications, and to experiment in some cases. Several examples attest to this kind of self-determining agency.

The herbalists and masseurs develop and select from a variety of ointments for the purpose of massaging. Mustard oil is used by almost all of them. Some use pain relieving ointments such as ‘tiger balm’ or ‘voltaic balm’, which are Ayurvedic oils. One young woman healer buys from the local pharmacy ‘paralite’ oil for massaging and ‘relaxol’ ointment for treating dislocations and sprains. She feels the affected area with both hands, applies the ointment, and binds the affected area with crepe bandage. ‘Burmese oil’ containing menthol and eucalyptus oil is also used. One shaman who was also a bone-setter, would spit on the affected part of the patient’s body, say the back or a child’s stomach. Some healers apply mustard oil to their palms before touching the area of the patient’s body needing massaging.

Niba, a young herbalist and masseur, has a clinic in a shopping complex in the capital, Kohima, having learned herbal medicines from his mother Zakienguü, a well known practitioner, but teaching himself how to set dislocations and cure muscle pulls. For massaging he uses mustard oil or pharmacy ointment to treat complaints related to stomach and womb or uterus. For treating dislocations he applies the fat of python, flying fox and bear, and for burns the ashes of charred flying fox fur to the skin. In fact gall bladder and fat of the bear, as also tiger fat, are used by many healers for treating fractures and dislocations.

I once observed Niha perform vacuum suction on a teenage boy who was suspected of suffering from jaundice. Niha made a cone out of a square piece of paper and closed the pointed tip with candle wax. The boy was asked to lie down on his right side. Niha placed the paper cone vertically covering the left ear of the boy and enclosed its base with a towel. Then he lit the pointed tip with a matchstick. After a few seconds he extinguished the flame and gently removed the cone, revealing a deposit of fine honey-coloured sticky powder in and around the boy’s ear. Niha asked the boy to get up, took him to the balcony behind his clinic and gently cleaned the boy’s ears, giving him a tonic medicine and suggesting he return in a week or 10 days’ time.

A young woman developed her own way of healing through use of candles and bandages alongside massage in her treatment. She places a lighted candle on the abdomen of the patient and covers it with a cup. Sometimes, in the case of children who come with complaints of abdominal pain, she wraps bandages around their abdomen and leaves them on for two or three days. Besides recommending rest for a few weeks after the treatment, she suggests certain dietary restrictions, such as abstinence from eating eggs, yam, and food cooked in mustard oil. According to her,
the abdominal pain is caused by the dislocation of luo (navel), which can move upwards or downwards or sideways from its normal position.

While the learning and application of practical knowledge is fundamental to successful healing, with some healers developing their own forms of treatment and medicine, it is also the case that some herbalists and masseurs are said to have inherited the capacity for such talent from somebody in their family, a claim that merges in case studies with the idea that they may also be helped by spirits and have a natural flair for massaging and bone-setting. The notion that spirits help in healing is shared by the Krüna and Christians and not seen as incompatible with the view that healers must work on their talents to achieve best practice. Again, as with the concept of High God, there is straddling of traditional and Christian concepts making such accommodation possible. Thus, the Christian concept of angels has parallels with the traditional belief in tei-giilede-mia or the sky spirits who are helpful to humans.

Self-taught massage healers claim that their talent comes from within and can not be learnt just by watching or through apprenticeship. All healers had first experimented with massaging as well as herbal medicines on their own injuries (sports injuries in the case of men), extending their treatment to peers and neighbours, and attracting a wider clientele seeking cure for sprains and dislocations as word spread.

Illustrating how the art of massage may be self-taught a woman told how when she was 10 years old, she fell very ill and had to be admitted to hospital. She remained ill for three months but was eventually cured by an old woman who massaged her, so discovering the benefit of this form of treatment. A few years after this incident, when her paternal uncle had a back problem, she experimented by massaging and rubbing his back and was able to cure him. She used this technique on other people and gradually became known for her healing abilities. She practises part-time as most of the day is spent in her running a ‘rice-hotel’, an eating place, with her mother.

In the case of some herbalists and masseurs there has been at least one other member in their family or lineage who had the power to heal and from whom it is said they have inherited the gift to heal. Denoting a learning capacity or talent as inherited is thus a post-facto acknowledgement of competence, which itself must then be demonstrated or have already been demonstrated beforehand. This practical and experimental tendency allows for specialization. The empirical and experimental bent of some healers results in their combining a knowledge of traditional herbal remedies with other forms of medicine such as homeopathy and Ayurveda.

An example is of Zazolie, an assistant in the biology lab at the Kohima Science College, which is close to his village. He has learned herbal and other medicine primarily by approaching village elders more directly than other healers and asking them about home remedies and taking notes. He has also used his training as a lab assistant to increase his knowledge of medicinal plants and is very enthusiastic about learning traditional herbal remedies. He keenly exchanges information on medicinal plants with others, including myself, taking note, for instance, of the remedies I told him about from my region. Healers generally exchange information on medicines with each other, with even the occasional
shaman receiving and giving some basic herbal knowledge, such as how to cure snake-bite. Urban healers often buy herbal medicines from their rural counterparts.

Zazolie learned homeopathy by reading books and doing a course called HMS from Calcutta. He began practising in 1981. According to him, homeopathy provided a new form of medicine for people in his village. He likes to practise homeopathy because the medicine is in the form of sweet pills that are easy to swallow and, unlike allopathic medicine, has no side effects. He has found homeopathy to be useful in treating gastric ulcer, tonsillitis, appendix pain and malarial fever.

Zazolie has his ‘clinic’ in a separate room in his village house. He keeps different kinds of syrups and tonics inside a glass cabinet and charges a fixed price for his medicine. For homeopathy the charges are between 10 and 30 rupees. For herbal medicine he has different rates for different tonics, and they are priced higher than the homeopathic medicines.

The healer mentioned above who has a ‘clinic’ in Kohima keeps different kinds of tonics and herbal medicines in the form of powder and syrup. These he sells at a fixed price from five rupees upwards. Generally medicine is dispensed for what is called ‘gastric’ complaint or acidity. Herbal infusion made from a mixture of powdered leaves and roots is the most popular form of medicine. Other practitioners also charge a fee for herbal medicine, but they do not charge any money for massaging.

A key development is for some herbalists and masseurs (and some shamans) to have learned part of their medicine and massaging techniques from healers stemming from other parts of Nagaland during their service in the underground Naga Army. Healers operate within their own respective localities but, as in other parts of the world, their contacts, exchange of information and movement between regions organize them informally into a network which may, under certain circumstances, come to serve national and nationalist interests. Army involvement provides part of this combination of rootedness and dispersal. Christianity provides another. Being more acceptable to Christian church membership than shamans and necromancers, non-divinational healers are thus more likely to belong to a network of Christian-related personnel and institutions, and to shift between them.

Many healers served in the underground army while almost all the herbalists and masseurs I met are Christian though belonging to different churches, in some cases having moved from one to another. They cite feelings of closeness to the Holy Spirit as inducing them to change affiliation, such as from Khedi Baptist to the Baptist Revival Church or Christian Revival Church. Also cited are the Revival Church prayer groups and their efficacy in healing through prayers. Some women healers change on marriage to their husband’s church. The practically based work of herbalists and masseurs can thus be fitted harmoniously into Christian beliefs and church membership. Its relationship with Western or biomedicine, however, is sometimes uneasy. Indeed, just as shamanism and necromancy constitute a kind of threat to Christianity by virtue of the use of spirits as opposed to the one God, so non-divinational healers such as herbalists and masseurs have their own empirical
knowledge base which is seen sometimes to conflict with that of biomedicine or at least to be kept apart.

None of the masseurs undertook cases which in their view needed the attention of a biomedical doctor. During my interview with a masseur from Kohima village who works in the state government office, a woman came with a complaint of a swollen finger. The masseur felt the finger, said that it seemed like an extra growth of the bone and suggested that she consult a doctor, as surgery might correct it.

There have been cases where a traditional healer has been contacted for certain remedies by doctors. The Kohima ‘clinic’ healer is often contacted by doctors to treat sprains and muscle pull. A now legendary case occurred just after the 1971 Bangladesh war when a high-ranking Army officer was hurt and suffered a compound fracture of his thighbone. The hospitals were not able to do much for him, and ultimately his colleagues, who had heard of a certain healer, Zelouvi, during their posting at Jakhama Army camp, sent for him. Zelouvi was taken to the hospital in Madras in an army helicopter, and there able to treat the officer successfully by using his herbal medicines and complementary technique of bone-setting. Other cases which hospital doctors were unable to treat included a baby who had stopped defecating and urinating but who, after a woman healer massaged its stomach, cried, passed urine and recovered; and a middle-aged man who had suffered a paralytic attack that had immobilized one side of his body. Finding his pulse to be irregular, the same healer massaged his neck and the arch of his back, applied hot and cold water alternately, and was herself surprised that she was able to restore him.

However, the exchange can in a sense be reciprocal. A woman healer suffering a multiple fracture on her leg in a jeep accident on her way to Kohima town to see a patient was taken to the Kohima Civil Hospital, saying that the condition of her leg was such that she could not have treated the wounds with her own medicines. At the hospital she underwent an operation in which a steel rod was inserted inside her thighbone. When Zeluovi himself suffered a cardiac arrest and went into a coma, he was immediately rushed to the Kohima Civil Hospital but did not survive the attack. Not all traditional healers respond in a positive way towards this interaction between traditional and Western forms of healing. A shaman was angry that his wife did not choose him but sought biomedical treatment from the village primary health centre for a leg she broke by slipping on the path on her way to the fields. We may here ask: what normally happens when a traditional healer needs treatment for an illness? While some seek treatment in the hospital, most healers do apply their own herbal medicines, or, for sprains and muscle pull or fracture, ask others in their profession whom they know. Further illustrating the efficacy of their informal network, healers sometimes refer their clients to other healers if they think they themselves will be unable to cure them. One, who deals only with minor fractures as he says he is not confident of his ability to fix major fractures, refers cases to healers he defers to. There is even a shaman who will refer his client to a non-shamanic healer if he thinks that the case is beyond his scope.

Conclusion

Among the Angami there exist two broad categories of indigenously recognized
healer. On the one hand, shamans and necromancers are both helped and yet sometimes also controlled by their tutelary spirits. On the other hand, a plethora of healers combine herbal medicine with massaging but do not depend on such spirits, even if they sometimes make use of them. This difference in healing tendencies and the different roles which inform it are recognized by Angami and are clearly indicated through use of terms denoting each area of specialization.

Persons say that they answer to the demand of tutelary spirits to become a divinational shaman or necromancer out of fear that, should they refuse, they may be struck mad or suffer some other personal calamity, including death. Their subsequent dependence on the use of spirits as shamans nevertheless makes them less acceptable as members of Christian churches. By contrast, herbalists, masseurs and fishbone-extractors who do not use divination in their work are more likely to have embraced Christianity voluntarily and to regard their ability to heal as a gift benevolently bestowed by God. These are, then, contrasting idioms by which healers explain the direction which their healing has taken. In the one case non-Christian spirits are seen as controlling human choice, while in the other individual humans are portrayed as choosing to embrace Christianity.

However, such choice may be tempered since, as some cases show, some herbalists and masseurs also claim that should they neglect to use the talent given them by God for the welfare of people, they may be divinely punished. In some cases it is also apparent that a number of healers who are Christian emphasize the help they receive from the Holy Spirit and God (Ukepenuopfū) in their healings, using terms which reflect the traditional Angami belief in helpful spirits of the sky (teiğl-rhuo-mia). People therefore do distinguish divinational and non-divinational healers quite clearly, despite there being in practice some overlap. The persistence of perceived difference between the two healing tendencies as against the possibility of overlap constitutes a kind of tension and source of change.

In spite of the conversion of most Angami to Christianity, the roles of shaman and necromancer have more than survived and have in fact thrived. Their survival, however, is partly due to the fact that they have managed to preserve a certain professional distinctiveness from the work of non-divinational healers, despite the fact that there is often overlap in their activities, with some healers using a mix of divinatory and non-divinatory techniques and beliefs. Nor is the distinctiveness only due to the particular range of divinatory services that shamans and necromancers provide, important though these are. What is perhaps most evident in the differential tendencies is the contrast in methods by which each gains knowledge for their practices. Shamans and necromancers depend fundamentally on their tutelary spirits not just to practise but to inform them in their activities, while herbalists, masseurs and fishbone-extractors, even while they may sometimes and partially appeal to spirits, fundamentally depend on their abilities to exchange practical information with other healers, building on it and experimenting with it, sometimes didactically. Their empiricism and personal agency appear to be greater than that of the shamans and necromancers whose agency is regarded as less their own and more that of tutelary spirits. The masseurs and herbalists also appeal to divinity in the form of the Christian God but, in the manner of Weber’s protestant ethic, are expected themselves to develop successfully the gift that God has given them.

However, during the last two decades there has also been a proliferation of
Christian denominations, mainly Revival and Pentecostal, that place considerable stress on healing through the intervention of Holy Spirit. Thus, while at present herbalists and masseurs appear to be mainly their own agents of healing and religious knowledge, it is always open for them to place less emphasis on the empirical and more on divination and divine inspiration by ceding much more of their agency to the Holy Spirit. For instance, a number of herbalists and masseurs claim that should they neglect to use the talent given them by God for the welfare of people, they may be divinely punished.

The pendulum is always liable to swing, and it would not be implausible for the shamans and necromancers to occupy in Christianity the central role currently occupied by the herbalists and masseurs, by themselves successfully claiming that it is the Holy Spirit that completely determines the modes and results of healing, with human intervention largely irrelevant, much in the manner of certain forms of religious radicalism found elsewhere in the world.

Indeed, an admittedly few Christian shamans have emerged, helped by spirits which have themselves converted to Christianity, a process which surely echoes the supplementary role of saints and angels within what is perhaps here more a hierarchical pantheon in Christianity than is normally acknowledged. Moreover, the ongoing underground war for separatism among the Naga peoples is always ready to draw on the informal network of healers, both divinational and non-divinational. Most cases are of herbalists, masseurs and fishbone-extractors being recruited for war purposes. As is evident from such studies as that of Lan in Africa (1985), war sometimes needs the services of shamans also. Divinational and non-divinational healing may alternate as being the most favoured sources of therapy and reassurance in wartime. After all, healing the individual body in times of war, whether through herbal therapy or divine inspiration, is sometimes all that a people can do in the face of forces greater than themselves and is a kind of resistance. At this point it may be conceded that empiricism as a concept in this case has limited heuristic value, for what is really at issue is a question of agency. It is not so much whether healers empirically seek to experiment and subsequently modify their practices that determines such pendulum swing. It is more a question of whether it is humans or a god, or gods, who determine the cause of sickness and misfortune and the methods and outcome of healing, and the extent to which such human or divine agency is absolute or negotiable.

Notes

1 The American Baptist Mission introduced Christianity in the Angami area in 1879. However, the most noticeable conversions took place in the 1940s. In 1950, soon after the Independence of India from British Colonial rule, the Catholic missionaries were allowed into the Naga Hills region. Since then there has been an influx of different denominations and a proliferation of revival sects (for a detailed study, see Joshi 2001; Joshi & Arya 2004).

2 Mills mentioned a comparable event when writing about a Lotha Naga healer who upon breach of a taboo was said to have gone mad and died (1922, p. 164).

3 See Mills (1922, p. 164; 1926, pp. 244–245), Furer-Haimendorf (1939), Joshi
(Patel) (1994). Of course, the phenomenon is well known in South America where the shamans have jaguars as their familiars (for examples, see Hugh-Jones 1979; Reichel-Dolmatoff 1975).

In past 15 years there has been an increased incidence of drug abuse among the youth in Nagaland, and during my fieldwork I came across a few cases of death by drug overdose. Drugs, mainly heroin or ‘brown sugar’, are smuggled into Nagaland from Manipur.

References


Parkin, D. (2000) ‘Islam among the humors: destiny and agency among the Swahili’ in...