

論文の英文要旨

論文題目

Shamanism and Folk Medicine in Inner Mongolia

—Focusing on Shaman and *Yasu Bariyači* (Bonesetter) in Eastern Mongolian Community—

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Biomedicine has coexisted in Inner Mongolia with both traditional Mongolian medicine and Chinese medicine for over half a century, since the 1940s, or an even earlier time. Another medical system has played a role in the health care system paralleling with the above-mentioned medicines, called shamanic healing or folk medicine. Shamanism has been forbidden by China's 'land reform' and 'socialist transformation' policies since the 1940s in Inner Mongolia. But after several decades, shamanism has experienced a rebirth since the end of the last century concerning the policy of 'religious freedom', Chinese economic reform, and market economy. Shamanism has been meeting the needs of the community and syncretizing with Tibetan Buddhism to change their shamanic behavior. It is especially important for shamanism to syncretize with their healings. Anthropology has been concerned with magic, religion and medicine in the world since early last century. However, the field has not paid any attention to shamanic healings in Inner Mongolia. On the other hand, the study of medical history in Inner Mongolia, which has been dominated by materialism, has given a contradiction to the element of healing in shamanism. Meanwhile, the shamanic studies have mentioned the healing function, but they have never considered the relationship between shaman and client or the initiation of the shamanic healer using a medical anthropology approach.

Based on my field research in eastern Inner Mongolia during the years 2001 to 2008, this paper aims to analyze the treatment of mental problems including shamanic illness, the birth of bonesetters, the process of becoming a healer and being a healer as they are

related to shamanism. This dissertation is constructed into eight chapters.

In the Introduction, I surveyed the history of medical anthropology and the health care and medical system in Inner Mongolian. I also researched the conditions of Inner Mongolian shamanism. The study of medical phenomena in anthropology was started in Revers' time. This field has experienced Lévi-Strauss' 'the effectiveness of symbols', Leslie's 'medical pluralism', and Kleinman's 'the inner structure of health care systems', and now it considers the relationship between medicine and culture and health and illness in the world. Shamanic healing has been a subject in medical anthropology in the past, and will continue to be today and tomorrow.

Some scholars considered Inner Mongolian shamanism in the first half of the 20th century. For example, Japanese scholars Torii, Akamatsu, Akiba, and Heissig, a German, studied the shamanic rituals of Qorčin Mongols. They emphasized the healing practice as a function of shamanism. In China, Inner Mongolian scholars such as Mansang, Buyanbatu, Sain, and Kūrelsha have deliberated shamanism in Qorčin Mongols since the end of the last century. In Japan, Konagaya, Saranguwa, and Baolong have practiced field work in Inner Mongolia to conduct a study of Shamanic functions, including their healing behavior and rituals.

In a word, there is a medical pluralism that is different from pluralism in the Han Chinese region, where Chinese medicine has coexisted with Western medicine.

In Chapter One, I introduced the history, geography, population, languages, economy and religion in both Qorčin and Kōlūn-Buyir. In the Qorčin region, Han Chinese culturalization and agricultural economy have appeared, so the Mongols in this region have had to settle down in a fixed area and speak both Mongolian, their mother language, and Chinese, China's official language. They believe in both Buddhism and shamanism, and syncretism, such as laičing and gūrtem, has appeared. The shamans who originated from Tibetan Buddhism have been practicing shamanic healing in this region. Kōlūn-Buyir, on the other hand, is similar to the Qorčin region, where Mongols have been gradually assimilated into Chinese culture. In contrast, they are still practicing nomadic life in this grassland. There is a cultural pluralism in this region in which the cultures of

Mongol, Dagur, and Ewenki are influencing each other, and the people are gathering together to practice shamanic rituals and so on. They communicate in Mongolian and sometimes in Chinese or their mother languages.

In Chapter Two, according to the case studies on shamanic mental healing, I tried to make clear that there are two kinds of mental treatment. One is shamanic illness, which considers that clients are possessed by ancestor spirits. The other is a common mental illness where the clients are possessed by evil spirits. The first type can be treated by accepting the supernatural intention to practice a ritual, the initiation, where the clients are put into a trance. The last type is treated by a ritual in which the shaman uses a supernatural power to exorcise the evil spirits from the clients.

In Chapter Three, I analyzed *andai* ritual, treating young females' mental problems with songs and dances under the instruction of shaman. This technique was practiced before 1940s China's 'socialist transformation' and 'land reform'. The causation of this kind of sickness was attributed to *ada*, an evil spirit, and failed marriage. The healing principle is banishing the illness into *joliy*, an effigy, to lead the female client to recovery from this unusual, disordered condition. A group of singing and dancing men led by a shaman was considered to take a balance with a female client in human nature.

In Chapter Four, I discussed both the history and the present condition of bone-setting therapy. As a traditional cultural phenomenon, this system has existed on the overlapping points of modern medicine, institutional traditional medicine, and shamanic healing. It is structured on the basis which is networked by religious belief, healer and client. The initiation of *yasu bariyači*, bonesetter, experienced with shamanic illness, dream, and lineage called *udumsil* drawing the blood relationship from his ancestor. This kind of practitioner takes the advantages from both descendent authority and ancestor worship becoming and being healer with keeping the social order of bone-setting system. Meanwhile, the need of clients is resource of keeping its status in medical pluralism.

In Chapter Five, I examined the relationship between shaman and *yasu bariyači* in the Qoričn region. A shaman must be experienced with the shamanic initiation and must

get into a trance by practicing rituals. They treat mental disorders caused by possession of any kind of spirit, both good and evil. They can control getting into trances after becoming a specialist. *Yasu bariyači*, however, are considered that after experiencing the suffering of illness and dreaming about their ancestor's intention, their initiation to bonesetter is their healing process. Instead of undergoing training, as shamans do, *yasu bariyači* must practice setting broken bones to become a specialist. In Qoričn, *Borjigin oboy*, the king lineage of Chinggis Qayan's clan, is the authority of becoming and being *yasu bariyači*, and it is an element of keeping social order of Qoričn's bone-setting system. Although both of them are initiated in shamanic collectivity, the difference between them is that whether they will fall under a trance or not.

In Chapter Six, I demonstrated that the initiation experienced and practiced by shamans among nomads in Kólün-Buyir differed from Qoričn shamanism. Both shaman and *yasu bariyači* must practice initiation rituals, which are symbolic treatments of sickness. Although *yasu bariyači* do not have the ability to fall under a trance at any time, they must join the initiation ritual under the instruction of a shaman. Initiation ritual is a license of both shamanic and bone-setting practices in their community. *Yasu bariyači* may not be allowed to do their practice without passing initiation process.

In conclusion, Shamanism has coexisted with Buddhism in modern Inner Mongolia. It maintains its status by syncretizing Tibetan Buddhism to treat mental disorders where the patient is possessed by spirits. Because of its correspondence to clients' needs and its flexibility of coexisting under China's religious policy, this study has considered that shamanism will continue to play a role in the health care system by paralleling with the other systems in Inner Mongolian society.