

Chapter One

Symptoms as Signs in Buriat Shamanic Callings

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For Buriat shamans at the Local Religious Organization of Shamans, *Tengeri* in Ulan-Ude, Buriatiia, a shamanic calling is experienced through the physical symptoms of illness.¹ This formula should be familiar to students and scholars of shamanism, or readers of Mircea Eliade (1964): the prospective shaman becomes ill, and through the process of healing him or herself, he or she ‘masters’ the illness and learns to heal others. The way that the shamans at *Tengeri* understand and describe a shamanic calling can be summarized by this process. However, when removed from the specific context of practice, this formula tells us little, if anything, about becoming a shaman, nor does it tell us anything about how illness in this context is to be defined or understood.

There is a long tradition in the academic literature, Eliade included, of analyzing the illnesses that herald a shamanic calling as varieties of mental illness, thereby rendering plausible to non-believers the possibility that healing can be effected through shamanic intervention. However, these interpretations are external, and do not reference the understandings of those afflicted. Drawing on field research with *Tengeri* in Ulan-Ude, Republic of Buriatiia, this chapter examines how the shamans at *Tengeri* understand the illnesses that come to be defined as shamanic callings. I argue that they see their afflictions as, but not limited to, bio-medical conditions. Their definition of illness includes bio-medical physical symptoms, but expands the boundaries of illness beyond the causes and symptoms recognized by bio-medical illness. I describe the process of diagnosing a shamanic calling as a semiotic process of learning to correctly read physical symptoms as signs of hidden social relationships. I argue that the process of accepting a shamanic calling is a process of re-interpreting physical symptoms of illness as signs of the will of *ongonuud* ancestor spirits (sing: *ongon*). Both the physical symptoms and their original misdiagnosis come to be seen as signs that the prospective shaman is not sufficiently integrated into Buriat kinship networks and Buriat traditional knowledge. Healing is effected not only by removing the symptoms, but also by changing their significance from signs of illness, to signs that embed the shaman in new social, kinship and historical relationships. In doing so, however, they do not cease to remain signs of illness. Healing is possible because the physical symptoms are now both signs of illness and of kinship obligation. Approaching illness in this way allows us to think about illnesses not as *a priori* physical conditions which are understood differently in different cultural contexts, but rather to ask, what kinds of bodily states are defined as illnesses, under what conditions? It also enables us to broaden our understanding of healing and illness from a body-centered approach to one that considers how bodies are incorporated into social networks.²

¹ The legal title of the organization is *Mestnoe religioznoe organizatsiia shamanov Tengeri*. Hereafter it will be referred to simply as *Tengeri*.

² Viewing possession as a system of communication is not a new idea. Lambek (1980) for example, presents possession in Mayotte as a tripartite process of communication between spirit, host and intermediary. “Communication,” Lambek argues, “is a major theme of the curing process; that is, of the development of a stable and

The Republic of Buriatia is a semi-autonomous republic within the Russian Federation in south-central Siberia, on the Mongolian border. The Republic's western border is Lake Baikal, which is the largest freshwater lake in the world, and a UNESCO world heritage site due to its stunning biodiversity and unique beauty. The ethnic group for whom the Republic is named, Buriats, are closely related to Mongolians, and comprise approximately 28% of the Republic's population. Ulan-Ude, the capital city, was founded in 1666 as a Russian trading post. Previously named Verkhneudinsk, the city was re-named Ulan-Ude in 1934 as part of Soviet nationalization initiatives [*korenizatsiia*], and over the next five decades the Soviet government invested heavily in transforming the former Russian trading post into the capital of an indigenous republic. Today, the city has approximately 400,000 residents, and although Buriats are a statistical minority, they constitute a majority of those employed in government, education, cultural and medical professions. Urban Buriats are, for the most part, a highly educated population employed in professions which, in the post-Soviet period, are severely underpaid but still prestigious. At first glance, this urban population may seem like an odd place to look for traditional healing methods, but urban Buriats share many of the same health problems as rural indigenous populations world-wide, including high rates of alcoholism, and the shamans at Tengeri believe that shamanic healing can address these problems (Fig. 1.1).

The organization Tengeri is a group of practicing shamans committed to reviving what they call 'traditional Buriat shamanism' and establishing shamanism as a religion on par with Tibetan Buddhism, which is the dominant institutional religion in Buriatia. Monastic Tibetan Buddhism spread widely throughout Buriatia in the 17th century, but many Buriats continue pre-Buddhist shamanic practices in addition. Both Buddhism and shamanism were repressed and continued in attenuated form under socialism. Both religions, as well as Russian Orthodox Christianity, are experiencing a strong revival in the post-Soviet period, but for shamanism, this revival is increasingly taking an institutional form. Tengeri was registered as a religious organization by the Republic government in 2003, and is the third registered shamanic organization in the Republic.³ Their offices are located in Ulan-Ude. In 2005, the organization had a core group of thirteen practicing shamans, led by Bair Zhambalovich Tsirendorzhiev, the Director of the organization and the teacher/mentor of the other shamans. It has since expanded considerably, and opened an entire ritual complex on the outskirts of the city.⁴

mutually satisfactory relationship between host and spirit" (1980:322). Like members of spirit possession cults documented elsewhere in the ethnographic literature (Boddy 1989; Bourguignon 2004; Crapanzano 1973; Lewis 2003; Masquelier 2001), shamans at Tengeri progress from inchoate symptoms of illness to maintained relationships with possessing spirits. This process can be understood as an ever-increasing degree of communication between spirit and host. However, this analytic approach usually stresses the way in which spirit possession enables types of communication (protest, critique, satire) that would not be acceptable if voiced by the spirit's host (*see* for example, Boddy 1989; Lambek 1980). Communication, in this context, centers on verbal communication, on the content of speech. Spirits are only able to speak after the relationship between host and spirit is established. Verbal communication can occur only after the spirit and host have successfully communicated well enough to establish a relationship. My interest here lies in the preceding non-verbal communication, in indexical physical signs that establish the shamanic relationship in the first place. As I shall argue, these physical symptoms bear much greater meaning than merely indexing the presence of a possessing spirit..

³ The organization is described further in Jokic (2008) and Quijada (2008, 2009).

⁴ Personal communication, Bair Tsirendorzhiev 4/6/2010.



Figure 1.1 *Downtown Ulan-Ude, 2005.* Photo by Roberto Quijada.

In addition to the core group of shamans, the organization's membership comprises a much larger and fluid group of initiates, patients and their supportive family members, who come and go at the offices. The information in this chapter is based on my experiences and conversations with the members of *Tengeri* over 12 months of fieldwork in 2005. Although I sometimes quote specific conversations, many of my explanations are compiled from multiple conversations. As with any group that tells the same narrative on many occasions, the members of *Tengeri* echoed and quoted each other, and above all, their director, Bair Zhambalovich Tsirendorzhiev, so certain phrases and explanations were repeated often.



Figure 1.2 *The opening ceremony of the Tengeri offices in 2005. The banner on the wall reads 'adopting traditions' and bears the organization's name, Tengeri, in a stylized version of the old Mongolian script. Members of the organization wear the Buriat national costume, the degel, during ceremonies. Photo by Roberto Quijada.*

The shamans at Tengeri are not ‘traditional’ shamans, in the sense that ‘traditionally’ Buriat shamans were not part of organizations; nor do they match Western images of wise, indigenous shamans in remote villages. Bair Zhambalovich, is, by training, a veterinarian. Many of the other shamans once worked, or are still employed as scientists or teachers, and came to their callings late in life. They are sometimes criticized by others, including other shamans, for incorporating ritual practices learned in Mongolia, or from ethnographic accounts, but they are increasingly popular, and are seen as authentic, reliable and ‘true’ shamans by the many people who have come to them for healing. They are offended by the term ‘neo-shaman,’ because they argue that what they do is part of a long-standing indigenous tradition, even if much of that tradition was lost during the years of Soviet repression.⁵ There is a great deal of debate in Buriatia, and especially among shamans and local intellectuals about whether or not Buriat shamanism should be considered a ‘living’ tradition, or one that is ‘recovered’ (Fig. 1.2).

Jakobsen draws a useful distinction between shamanism and neo-shamanism (Jakobsen 1999). Traditional shamanism, despite wide variations in practice, is considered a burden by the chosen individual, entails a responsibility to heal others, and deals with a range of spirits who can be both benevolent and malevolent. She defines neo-shamanism, in contrast, as the use of shamanic techniques in a way that is predominantly focused on personal spiritual growth, open to all, and notes that the spirits called upon in these techniques are generally perceived as benevolent. If one accepts this distinction, then the shamans at Tengeri are definitely not neo-shamans.

As I will show, for the shamans at Tengeri, the shamanic calling is a burden and a responsibility that cannot be denied. But they are modern shamans, who acknowledge and constantly negotiate the practical exigencies of working in a multi-ethnic, urban environment, with a multi-ethnic clientele possessing a wide range of cultural knowledge.⁶ They improvise and experiment as they seek to re-build a body of knowledge about shamanic practice that has been fractured by a century of Soviet repression. They argue that Soviet repression, combined with modernization campaigns, produced a loss of cultural knowledge, and the resulting spiritual imbalance has produced a profound public health crisis in Buriatia. This sense of crisis motivates them to collaborate with scientists and disseminate information about their practices in ways that might be controversial in other indigenous communities.

Most of the shamans at Tengeri came to their shamanic callings through illnesses that they originally misrecognized as bio-medical illnesses, but that failed to respond to standard bio-medical treatment, until the underlying spiritual causes were remedied. Making shamanic information public knowledge, they argue, can save lives, just as their own were saved. Shamanic healing, as they see it, complements and completes other forms of medical intervention.

I will begin with my friend Viktor’s account of his shamanic calling. Viktor Dorzhievich is a founding member of Tengeri, and has been a practicing shaman for over a decade, but like many of his colleagues at Tengeri, he was trained as a Soviet scientist. He

⁵ I use the term ‘tradition’ here, not as a description of a static state of being that has been lost, but rather in the sense Talal Asad argues for, of a body of knowledge and a tradition of interpretation and debate about that knowledge, which references its own past, which is both continuing and therefore continuous, without being static (Asad 2003:222).

⁶ See Humphrey (2002) on urban shamanism, landscape and innovation in Ulan-Ude. See Zhukovskaia (2004), Quijada (2008), Jokic (2008) and Metzo (2008) for discussions about ‘tradition’ and innovation in Buriat shamanism.

has an advanced engineering degree. As Viktor explains it, when a person is chosen by his ancestors to be a shaman, he or she is marked before birth by a thread that connects him to the gods, and the gods look for that person after they are born. When he was twenty, he was told he was meant to become a shaman, but he thought it was all foolishness [*irunda*]. He knew he had blacksmith ancestors, but he didn't think it was important. His family didn't think it was important. It was the 1980s and there were no shamans. When he was twenty-eight, around the time of *perestroika*, he was attacked on the street by drunk hooligans, who beat him severely with a metal bar, probably a tire iron. He lost consciousness and was taken to the hospital. He lost his sight as a result of his injuries. Doctors told him that there was blood on his brain. He was taken to Moscow and St. Petersburg to be treated and the doctors said there was nothing they could do, that the trauma had been too great to be healed. Although he wasn't completely blind, he was legally blind, and could not see enough to function in daily life or work in his previous profession.⁷ He visited every doctor he could, and all the doctors said the same thing, that they couldn't help him. So he started visiting *lamas*, and they too couldn't help him. Then a friend took him to a shaman in Mongolia, who helped him, released some of the blood on his brain, and told him he needed to become a shaman. He visited one shaman after another until he met Bair Zhambalovich, the Director of Tengeri. At that time, Bair was living in Aga, and studying with a shaman in Mongolia. Bair was able to help him.

After his first protective initiation, Viktor's vision began to improve. Bair channelled Viktor's family spirits who told him he had been selected to be a shaman. His ancestral spirits are blacksmith shamans [*kuznetsi*] and they sent the drunks to attack him and change the course of his life. He and Bair read the metal bar with which he was attacked as a sign that the attack was motivated by his blacksmith ancestors. Under Bair's tutelage Viktor began to learn about and accept his calling, and his vision steadily improved with each initiation. Viktor and his friends brought Bair Zhambalovich to Ulan-Ude and they set up Tengeri together. When I met him, Viktor wore very thick glasses and held things very close to read, but his vision did not seem otherwise impaired. I am not qualified to evaluate the optical signals that Viktor's brain receives. However, it was clear from our discussions that he considers his eyesight to have improved, and he understands this improvement to be a direct result of his activities as a shaman.

It would be easy to argue that Viktor no longer considers his blindness an illness, that instead of indexing physical illness, his vision problems index his relationship to the spirits, and that healing has occurred through this re-signification. To a certain degree that is true, but it is also overly facile. As Viktor explains it, in order to achieve a cure, the cause of an illness must be treated. If the cause is physical in nature, then bio-medical treatment is sufficient. If the cause is spiritual in nature, then bio-medical treatment will not relieve physical symptoms. For Viktor, the physical relief of symptoms, the fact that his eyesight has actually improved, is an indication that the diagnosis of a shamanic calling was correct, and validation that he has learned to read his symptoms, that he has learned to communicate properly. This communication has established a healthy relationship between Viktor and his ancestors. The health of his relationship with his ancestors is evidenced by the health of his eyesight.

Further, however, he reads his cure as a sign that he has become the kind of person capable of reading the signs correctly. The attack occurred in the first place because he

⁷ As in the United States, in the Russian Federation 'legally blind' is a state-recognized disability category. Many of the shamans at Tengeri are, as a result of the illnesses that provided their callings, registered under one of the many state-recognized disability categories.

dismissed his shamanic calling as ‘foolishness.’ As a young engineer from an atheist family, he lacked the knowledge to recognize the signs his ancestors were sending him. They were required to send a sign he could not ignore—the attack which left him legally blind. His ancestors literally ‘hit him over the head’ with his calling. In response, Viktor was led to re-configure his relationship to what he sees as ‘traditional’ Buriat knowledge and values, and to accept the kinship obligations imposed by his dead ancestor shamans [*ongonuud*]. These interpretations, and the life-choices he has made based on these interpretations, are validated by the improvement of his physical symptoms. Instead of just being a sign of physical illness, his blindness has been re-signified as communication with his ancestors. But it also remains a sign of illness. It is precisely because it is both that the experience has become so meaningful and powerful to Viktor.

For the shamans at Tengeri, the path to becoming a shaman invariably begins with physical illness. Many describe their calling as a matter of life or death. Budashab Purboevich, another founding member of the organization told me, “I finally realized, I could die or I could become a shaman. What could I do? I have kids. So I became a shaman.” All of the shamans experienced serious illnesses. Some also experienced family tragedies, including the deaths of relatives that they attribute to the wrath of ignored ancestors. Many were at some point so sick that they receive permanent disability pensions, and rather than explain their illness, they would tell me their state-registered disability pension category. While at first I found this frustrating, I eventually realized that it was precisely because their illnesses defy standard medical categories that they come to be diagnosed as a shamanic calling.

For most Buriats, as well as members of other ethnic groups in Buriatiia, the primary recourse in the event of physical illness is Russian bio-medicine or, depending on the illness and the interests of the patient, Tibetan herbal medicine. Most people only begin to consult a shaman when their illness does not respond to either of these treatment methods. Nor would the shamans want them to. No one at Tengeri disputes the efficacy of either Russian state-run medicine or the Tibetan herbal medicine offered at Buddhist temples, in treating physical illnesses. It is precisely when an illness does not respond to standard medical treatment that alternative causes begin to be suspected. In their view, Russian bio-medicine, and Tibetan herbal medicine treat the body. If the causes of illness are purely physical, then this is enough. However, as they see it, many forms of physical illness are merely symptoms of an underlying spiritual cause. If the cause of the illness is spiritual, then bio-medical and herbal treatments may treat the symptoms, but they will not heal the illness, because they cannot treat the cause.

Many individuals first come to Tengeri to be treated for physical symptoms of illness.⁸ As I have explained, usually these are symptoms that have not responded well to bio-medical treatment. Treatment begins by determining a diagnosis. Diagnosing a shamanic calling is a long and complicated process that sometimes takes years from the onset of symptoms to the first protective initiation [*zashchita*]. Not all forms of spirit-caused illness are shamanic callings. Symptoms can be caused by possession, by curses [*porcha*], soul loss or inflicted by angry ancestors. Treatment depends on the cause. Tengeri shamans, and many other Buriats I have spoken with, recognize several types of possession. Individuals can be possessed by a wide range of spirits, usually malevolent, with whom no accommo-

⁸ Clients also visit Tengeri for divination, to make routine offerings to their ancestors, or to treat spirit-caused ailments that have been diagnosed by other shamans, but which the diagnosing shaman did not feel qualified to treat. Usually these clients are people who are already embedded in shamanic forms of practice. Other clients may be experiencing ‘bad luck’ or seeking advice for a variety of problems.

dation can or should be reached. Alcoholism and other forms of addiction are sometimes explained through possession by a malevolent spirit whose desires override the will of the possessed individual. These spirits must simply be exorcised. A shamanic calling is not considered to be possession in quite the same way.



Figure 1.3. *Asking questions of the ongonuud: The shaman in the center, wearing the headdress, is in trance. The ongon has ‘settled down’ and accepted a cigarette from the attending shamans, signaling that he or she is ready to communicate. The people surrounding him are other shamans, who are asking the ongon questions. Everyone is careful not to look the ongon directly in the eyes.*

Photo by Roberto Quijada.

In many cases, a shaman may determine that symptoms are caused by ancestors who are angry because their living descendents have not maintained the proper ritual relationship with them. As documented in Russian ethnographic sources (Banzarov 1997; Dugarov 2002; Galdanova 1987; Gerasimova *et al.* 2000; Mikhailov 1990, 2004a, 2004b) and as described by the shamans at Tengeri, ‘traditional’ Buriat shamanism is clan-based, meaning that the shaman’s primary responsibility is to maintain the proper relationship between the living and dead members of a kinship group. During the Soviet period, however, clan designations became less important, shamanism became politically dangerous, and as a result, many families did not maintain ritual obligations to their clan ancestors. Now that some families have resumed these ceremonies, those whose descendants were not making offerings might become jealous, and afflict their living descendants with familial problems, illnesses, alcoholism, and bouts of bad luck. Sometimes having a shaman perform regular offerings is enough to relieve physical symptoms and other related conditions. In this case, the patient is not called to become a shaman.

A shamanic calling is perceived to be a considerable burden and the diagnosis is not made or accepted lightly. As it was explained to me by the shamans at Tengeri, individuals are chosen to be shamans by their ancestor shamans [*ongonuud*]. An *ongon* is an ancestor shaman.⁹ Ancestors can influence the lives of the living, helping them if they choose to,

⁹ See Humphrey and Onon (1996:183-193) for an excellent description of *onggor* among Daur Mongols. Humphrey describes *onggor* as “the soul-spoor of previous

harming them if they are neglected and angry. Although all ancestors affect the living, only ancestors who were shamans become *ongonuud*. These ancestral shamans select the member of the family who will receive the clan's shamanic gift at birth. The individual is marked before birth, and connected to their ancestors by a thread. Over the course of a lifetime, signs are sent to indicate that the individual has been called to be a shaman, and is to be 'harnessed' [*zalozheno*] to their ancestors.¹⁰ Sometimes individuals are told, by other shamans or healers, that they are meant to be a shaman, sometimes not. Sometimes the information is imparted in dreams, sometimes there are no semantic indications at all. If the candidate does not recognize, acknowledge or accept the gift, the ancestor shaman or shamans will track them down [*dogoniat'*] and inflict suffering. In most cases, at this point, the prospective shaman will become very ill, and the symptoms will not respond to biomedical treatment. However, as we shall see, symptoms can include physical and mental illnesses, as well as the misfortune, injury or death of family members. The symptoms, whatever they are, will continue until the prospective shaman either accepts their calling or dies. Only in rare cases will the *ongon* allow the gift to be transferred from one family member to another.

Diagnosing a shamanic calling is usually a long and complicated process. In several cases I have been told that the treating shaman could tell immediately that the patient had a calling, but even in these cases confirming a diagnosis is complicated. If a calling is suspected, the patient is instructed to start asking family members about relatives who were shamans, and to trace the family's genealogy to determine which ancestors may be afflicting the patient. During a diagnostic ceremony, the treating shaman goes into a trance, embodying his or her own *ongon*. The shaman's assistants and the patient ask the shaman's *ongon* to communicate with the patient's ancestors to find out whether the patient has a calling, and which ancestor is inflicting the symptoms. Pre-existing genealogical information helps the questioning process, because *ongonuud* speak in old dialects of Buriat, and in verse, and their answers may be difficult to interpret (Fig. 1.3).

Once the diagnosis has been established, and the possessing ancestor identified, the patient undergoes their first initiation, a *zashchita* [protection] during which the patient must make an offering, and promise to accept the calling and begin training. In return, the *ongon* agrees to stop tormenting the afflicted. Performing the *zashchita* should relieve the symptoms of illness. If it does, the initiate has a period of physical recovery during which he or she can begin to learn how to be a shaman. When Bair Zhambalovich determines that the candidate is ready, and they have saved enough resources for the ceremony, the initiate must complete a second initiation in order to learn to go into trance and embody his or her *ongon(-uud)*. However, if they wait too long to take the next step, the *ongonuud* will express their displeasure by causing the initial symptoms to return. Sometimes the *zashchita* does not relieve all the symptoms. In these cases, further diagnostic ceremonies often reveal that the initiate has inherited a shamanic gift from more than one side of the family, and must undergo a second *zashchita* for the other lineage.

By this point in the process, the initiate has already learned to read their physical

and now dead shamans" (1996:185). Although the Tengeri shamans spoke about their *ongonuud* as individual persons, the way in which they discussed their calling implied that the (singular) shamanic force of a clan had been embodied in each of these individual ancestral shamans, and the living shaman was the current holder of this power, which is referred to as *onggor* by the Daur Mongols described by Humphrey and Onon.

¹⁰ [Editor's note] The modern meaning of *zalozhit'* means 'to be built into' or 'in debt to.' The root, *zalog*, is related to an old Slavic word for 'to lay' (Vasmer 1986 vol.2:509). This secondary meaning may come from a regional dialect of Russian.

symptoms not as signs of illness, but as signs of a social relationship with their ancestors. They are no longer a patient, but an initiate. During the diagnostic and protective ceremonies the initiate's *ongonuud* communicate verbally through the treating shaman's *ongonuud*. However, this form of communication is, as I have mentioned, limited, often difficult to interpret and necessarily conducted through several mediators—the treating shaman's *ongonuud* and the shaman's assistants. The only way that an initiate's *ongon* can speak directly to them is through physical symptoms and in dreams. The initiate is healed not because the symptoms have gone away (although sometimes this is the case) but because they have learned to read their symptoms as a means of communication. When and if the symptoms return, they are interpreted as signs that the relationship between the shaman and his or her *ongon* needs adjusting.



Figure 1.4 Birch trees, decorated with fabric strips, are erected at the center of a ceremonial site. Yellow and red fabric symbolizes gold, blue and white symbolizes silver, and are intended as a gift to the *ongonuud*. Shamans run around the grove of birch trees while drumming, or shaking bells, to induce trance. The trees are burned at the end of the ceremony. Spring tailgan ceremony, Verkhne Beriozovkhe, 2005. Photo by Roberto Quijada.

The Tengeri shamans describe the shamanic calling as a physical imperative, as a demand placed on them both by their bodies and their ancestors. Everyone I spoke to emphasized that they did not have a choice, that this was not a question of choosing a profession, but rather diagnosing a physical condition—the state of being a shaman. I met Tuiana on a trip to Olkhon Island.¹¹ Tuiana had suffered from various un-diagnosable illnesses, including pain in her joints and unexplained fevers, as well as family tragedies. Tuiana told me that she inherited her gift from her mother. Her mother had been sick her

¹¹ Tengeri, in cooperation with another Tengeri organization from the Aga Buriat Okrug, has been conducting an annual 'International Shamanic Conference' on Olkhon Island since 2003. This includes a *tailgan* [offering] ceremony to the spirit master of Lake Baikal and is intended to re-sanctify the island, which they believe is an *axis mundi*. They envision the conference as an event where indigenous shamans from other areas of the world can come and exchange ideas and techniques. To date there have been visiting shamans from California, Germany, and Buriat shamans from Inner Mongolia.

entire life. Back in 1968, when Tuiana was a year old, her parents drove people to visit a Russian folk healer, and on a whim, decided to go hear what the woman had to say. Her mother took one step over the threshold and the Russian healer told her “You know why you’ve been sick your whole life? Because you were supposed to help people, and you didn’t. But now it’s too late, and your gift has passed to one of your daughters.”

When she was younger, Tuiana had been told that she was the daughter who had inherited the gift and needed to become a shaman. By the time I met her, she had undergone the first initiation [*zashchita*] but had been postponing the second, in which she would finally embody her possessing *ongon*, because the prospect of becoming a full-fledged shaman and going into trance frightened her. However, another relative had recently died, and Tuiana was convinced his death was caused by her *ongonuud* because she had postponed the ceremony. She was determined to go through with the initiation before any further calamities befell her family. The shaman she was working with suggested that she go along to Olkhon Island and participate in order to get acquainted with other shamans and more comfortable with trance states. She told me that her first initiation went smoothly, but it was frightening because her hands and legs moved on their own, without her volition, in response to the drumming. When she told the initiated shamans this, they always laughed, and said, “Yes, those are the *ongonuud* coming,” and assured her she would get used to the feeling. These sensations were a sign of her prospective ability to go into trance and become possessed, another sign of her relationship with her *ongonuud*.

Tuiana's shamanic calling cannot be understood in the standard bio-medical sense of a physical condition experienced by her body. It was indeed manifested through physical states of being, in high fevers that had no bio-medically discernible cause and which left her completely debilitated, with pains in her joints, but also in the way her hands and feet vibrated when she heard the shaman's drums. But her illness, as she came to understand it, was also her mother's illness, and the cause of a relative's death. All were equally symptoms of the same underlying disease—her (and her mother's) shamanic calling. Her body is only one part of an entire family of bodies that suffered from the same illness, and could be cured only by her initiation. Tuiana's story gives us a sense of the weight borne by those who are 'harnessed' [*zalozheno*] to their ancestors.

In the Tengeri understanding, shamanism is a kinship obligation. Every family needs someone who can intercede between the living and the dead, and the obligation to do so is an obligation to both living and dead family members. If the calling is refused, the entire family can and does suffer. Likewise, both living and dead members of the family must support the initiate. If the initiate is to become a shaman, the *ongonuud* must accept the initiate's offering, and they must agree to communicate, through physical symptoms, through dreams, by sending omens,¹² and eventually they agree to enter the initiate's body and communicate verbally, through the use of the shaman's body. The shaman's living relatives must also accept and support the initiate, through participation in initiations, and by providing the resources necessary to conduct the appropriate ceremonies. If either of these groups of relatives refuses their assistance, the initiate will not be able to become a shaman. His or her symptoms will continue. A shamanic calling, in this sense, is an illness that afflicts an entire family, but is manifested in the body of the prospective shaman. Iuri,

¹² The most common form of omen that I was told about was the appearance of particular species of birds, usually ones that are linked to the initiate's clan in mythology. For example, an eagle circled above an initiation ceremony which I attended, and was immediately noted as a good sign. Another shaman's wife told me that when her husband had reached an important decision about his training, a flock of ravens took up residence outside their house and would not leave.

who successfully passed his second initiation in 2005, told me that before an important ceremony, all the men in his family developed fevers, because the *ongonuud* were always worried that they would back out. “As soon as the trees go up” he said, referring to the birch trees that are erected at a ceremonial site, “we all feel better, because they [the *ongonuud*] know the ceremony will take place” (Fig. 1.4). For both Iuri and Tuiana, physical symptoms of illness are not confined to a single physical body, but rather index the relationships between bodies of common descent. Particular bodily states of being are given new interpretations. These interpretations are grounded in the obligations and dependencies of kinship relations. But learning to read these symptoms correctly involves a transformation in subjectivity, from the kind of person who sees physical symptoms as signs of a bio-medical illness, to the kind of person who can see that the cause of that illness is rooted in kinship obligations denied.

Interpreting physical symptoms as communication from *ongonuud* is only the first layer of signification. Bair Zhambalovich and his students see the prevailing inability of contemporary urban Buriats to properly recognize shamanic signs as a sign of social degeneration. Viktor explained to me:

If you ignore these signs, your ancestors make you sick, but if you don't know the signs, if you can't recognize them, how will you know that is what is wrong? That's why, during the Soviet period, many people ended up in mental hospitals; doctors thought they were schizophrenic, or they died, because they didn't know. The knowledge had been lost and so they suffered. When you think of all the people who died unnecessarily because they didn't know what was happening to them. There is a young man here who was in a mental hospital for two years, and now he's fine. You see all the social problems we suffer from now—alcoholism, broken families, depression. Alcoholics are possessed by evil spirits, *sabdaguud*. You can see them, they have no control over their actions, the *sabdak* controls them. Once you know you can see it. We can treat that, exorcize them, but people don't know this. Other people think if their grandfather was a shaman, they are one too, and just set up shop. They don't know that it doesn't work that way. If the information is out there, and people have a centre they can turn to for help and for information, then some of these problems can be solved. We have to educate people about their traditions.

Tengeri's mission, as an organization, is to provide a resource people can turn to for education and treatment in all matters shamanic. They see the inability of many people to recognize the symptoms of a shamanic calling, the fact that these symptoms are first interpreted as signs of bio-medical illness, as a sign of broader disconnection from traditional culture, traditional knowledge and traditional kinship obligations. In order to become fully initiated, embody *ongonuud* in trance, and begin to work as a shaman, the initiate has to learn a great deal, and in effect, fundamentally transform themselves. They must learn, and sometimes re-create through oral history, archival research and dream-guidance, their family and clan history. They must learn to communicate in Buriat, at least enough so that they are able to perform the chants that call down the *ongonuud* to the ceremony [*kamlanie*] and into their body and to communicate with the spirits of other shamans during the ceremonies. Many urban-born and educated Buriats speak only Russian. Although modern Buriat is written in the Cyrillic alphabet, Buriat is an Altaic language whose grammatical and phonological system is fundamentally different from Russian. Many of the new initiates struggled with the language. Those who grew up in families where Buriat was spoken

at home had a significant advantage, but others, who had the discipline to practice were also those who succeeded in other areas.

Transformations were not only required by the initiate themselves, but also by their spouses and relatives. Spouses, especially the wives of male shamans, often offered the most dramatic accounts of how they became convinced of their spouse's calling. Spouses have an intimate view of the initial illness, failed medical treatments, relief of symptoms and, once the shaman is able to embody their *ongonuud*, of direct communication with the spirit. They are therefore often better able to narrate the transformation than the shaman. When the shamans discussed their callings, spouses and other relatives often presented themselves as impartial witnesses who could attest that, indeed, all other possible diagnoses and treatments had been tried. Only if the spouses, parents and other relatives of the initiate are willing and able to support the process, are willing to supply resources and take part in ceremonies, can the initiate become a shaman. Although relatives do not need to learn to read the signs sent by the ancestors, they must be willing to accept that what appear to be bio-medical symptoms are indeed something more.

When speaking about their callings, most of the shamans at Tengeri draw a sharp distinction between the person they were before their calling and the person they became afterward. The physical symptoms of illness that brought them to shamanism were often severe, but they all stress the ways in which they were not connected to what they see as Buriat traditions. "I thought it was foolishness. It was Soviet times, there were no shamans then." "I did not understand." "I wasn't able to see the signs."

Misdiagnosed shamanic callings, are, in this instance, a sign that the initiate, and in many cases, their family, are insufficiently integrated into 'traditional' forms of Buriat knowledge and ritual behaviour. When they speak about the organization's mission, they describe an almost utopian vision of the past, in which ritual obligations between ancestors and the living were always maintained, and as a result the lines of communication between ancestors, deities and living humans were open. In such a world, shamanic callings would be communicated between *ongonuud* and the living without invoking pain or suffering. That world, should it ever have existed (and I think most of the shamans at Tengeri would agree it is more an ideal than an actually existing historical period), has been corrupted by the presence of Buddhism, Russian colonization and the Soviet government, all of which have made communication between ancestors and the living more complicated, by providing alternative forms of signification, alternative frames of meaning, and alternative possible diagnoses for physical symptoms. Within this narrative, undiagnosed and misdiagnosed shamanic callings are an illness caused by the fact that pre-Buddhist and pre-Soviet forms of knowledge and communication have broken down. This is an illness which, while manifested in the body of the prospective shaman, is an illness from which whole families, and the whole Buriat nation, suffer.

However, although Tengeri is committed to reviving what they call 'traditional' Buriat shamanism, and they are explicitly committed to improving the health of the 'Buriat nation', they do not define Buriat in an exclusive way. As Bair Zhambalovich explained to me, they chose the name 'Local Religious Organization of Shamans Tengeri' because 'local' was more inclusive, and recognized the multi-ethnic nature of their constituency, as well as acknowledged that other ethnic groups residing in the area also have shamanic traditions. Buriats have been part of Russia for over 300 years, and Tengeri's vision of shamanism as a public health initiative acknowledges that after 300 years of intermarriage, a shamanic calling may pass to an individual who may not otherwise think of themselves as Buriat. In addition, like many of the shamans at Tengeri who were, before their calling, unable to recognize shamanic signs, those who identify as Buriats have widely varying

degrees of embeddedness in pre-Soviet kinship and ritual structures. In Tengeri's view, spirits are tied to places and to bodies. Therefore, if you live in Buriat places, or have 'Buriatness' in your body, you may need to maintain relationships with Buriat spirits in order to be healthy.

The process of becoming a shaman requires that an individual recognize the claims that their family and their nationality make on their body. In understanding this claim, it is useful to turn to Povinelli's distinction between the genealogical society and the autological subject (Povinelli 2006). The autological subject is the western post-enlightenment ideal of the free individual, while the genealogical society stands for the social, familial and cultural ties that render certain types of individuals, usually indigenous individuals, less than fully 'free.' In Povinelli's analysis, she argues that the value of this distinction is not merely the idea of society contrasted with the idea of the free individual, but the way in which these ideas manifest in bodies and in bodily experience. In her analysis, different kinds of sociality produce different kinds of bodily risk. Bio-medical approaches to illness take the autological individual, a single person within a single body, as the base-line from which to approach illness. Genealogical society, the kinds of social bonds represented by indigenous kinship networks are, from a bio-medical point of view, more likely to be seen as causing illness, than in producing a cure. This attitude was certainly a mainstay of Soviet educational projects throughout the 1920s and 30s, within which traditional practices, typified by shamanism, were considered to keep people in ignorance, dirt, and disease.¹³

When they speak about the process of diagnosing their shamanic calling, the shamans at Tengeri speak very differently about the relationship between self and kin, between autological subject and genealogical society. They begin their stories as free individuals, autological subjects who are ill because they are not properly embedded in kinship relations and genealogical society. Kinship obligations exist. The free individual does not see them, does not value them, does not honor them, and is therefore ill. The individual initiate is healed by recognizing and accepting their genealogical relationships, by recreating themselves as subjects of their ancestor's will, 'harnessed' to their *ongonuud* and in service of the living. Healing is achieved through an ever increasing degree of communication between *ongonuud* and shaman that begins with, and is maintained through, reading physical symptoms of illness as a means of communication. This interpretation of illness is necessarily also a critique of the forms of social life, originating in Soviet modernization projects, that predominate in post-Soviet Ulan-Ude, advocating a return to what they see as more 'traditional' forms of Buriat sociality. They should not, however, be interpreted as a rejection of 'modernity' as a whole. Rather, the shamans at Tengeri seek to integrate shamanic healing into modern, urban life.

As I have argued in relation to Viktor's calling, it would be too facile to assume that just because they have learned to read physical symptoms as a form of communication from their ancestors, that these physical symptoms cease to be signs of bio-medical illness. This is not the case, and to interpret healing in this way runs the risk of inviting a romanticized vision of Siberian indigenous peoples as somehow subject to cultural interpretation in a way that those of us raised in bio-medical spheres of interpretation are not. The shamans at Tengeri are just as embedded in bio-medical forms of knowledge as any American anthropologist, and in the case of Bair Zhambalovich Tsirendorzhiev, who was a veterinarian before he became a shaman, probably more so. The physical symptoms of illness, the fevers, the aching joints, the headaches, the bouts of blindness, the seizures and

¹³ A good example of this discourse is in early Soviet research on syphilis and the spread of syphilis through traditional religious practices (Solomon 1993). This rhetoric is also discussed in Slezkine (1992, 1994).

blood sugar levels that index communication from *ongonuud* are also and always will be signs of bio-medical illness to the shamans who suffer from them. Bair Zhambalovich does not tell his students to stop taking their medicine. He tells them that the medicine will not work unless they have addressed the underlying spiritual cause of the illness. The fact that ritual action ameliorates these undeniably bio-medical physical symptoms is what makes the diagnosis of a shamanic calling compelling and convincing to both shaman and patient.

The shamans at Tengeri are healed through a process of re-signifying bodily symptoms as signs of communication by ancestor spirits. Learning to read these signs is a process that embeds the initiate in kinship relations and in forms of traditional knowledge and sociability that give bio-medical symptoms additional meaning. The boundaries of illness in this context are not limited to the individual body. The body of the individual shaman is merely the locus of an illness that afflicts an entire family, and indeed, the entire Buriat nation. However, as I have argued, it is important to see this not as an alternative way of understanding illness that must be contrasted to a purely bio-medical approach to illness, but one that is embedded within, and yet exceeds a purely bio-medical interpretation. The shamans at Tengeri and their patients do not see shamanic knowledge and bio-medical knowledge as fundamentally distinct and potentially conflicting spheres of knowledge production. Rather, they consider shamanic treatment to provide the spiritual and social context that renders bio-medical healing meaningful for modern, urban Buriats.

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