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Lisu etiological categories

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LISU ETIOLOGICAL CATEGORIES¹

The Lisu are slash and burn agriculturalists who live in the hills of northern Thailand and other areas (see Dessaint, 1971; 1972). The treatment of individuals when they get sick is based in part on a set of categories of disease causes. In this paper I shall examine the nature of these categories and their place in Lisu curing.

The first stage of the process of curing is the interpretation of symptoms in terms of a theory of disease causality in order to develop an etiology. When the causes of the malady are known, treatment can begin. The Lisu believe that there is a set of spirits which can cause disease. One reason they cause disease is in reaction to human offenses against them. Since spirits can be the cause of most symptoms, the diagnostic task is to discover whether spirits are responsible for the symptoms; and if so, which ones; why they are causing the disease; and what they require from the people to stop. Since offenses may cause spirits to cause disease, the history of individual actions is pertinent to the diagnosis. Did the person commit any acts of commission or omission which are widely held to be offensive to certain spirits?

There are various kinds of spirits. Some can be offended and visit disease; others can cause misfortunes but cannot be offended; some ride shamans and communicate with humans about other spirits; and some help return wandering or captured souls. Since disease can be caused by

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spirits, diagnosis requires information on what spirit is responsible and one way to obtain this is from the shaman's spirits who communicate through him in a seance. This information from the spirits can then be interpreted by the theory of disease and ideas about the nature of spirits to complete a diagnosis. Given a diagnosis and etiology of the disease, and general ideas about the nature of spirits, people can take action to satisfy the spirit which is causing the disease. This is often a ceremony which involves the sacrifice of a chicken or pig. The spirits can arrange the lobes of a pig's liver and the holes in the thigh bones of chickens to indicate whether they are responsible for the disease, whether they have accepted the offering, and other information. As a result of the ceremonies, there are new data which can be interpreted in treating the disease, oracles. The oracles are deciphered according to ideas about the meaning of different configurations of livers and holes in chicken thigh bones and the results of these readings can then be interpreted by the theory of disease causality. This process of curing is illustrated in Figure I.

FIGURE I

This diagram shows three aspects of the process: data, ideas or theories, and actions. The first data which are interpreted are symptoms. Then individual actions in the past can be re-interpreted to add to these data. These data are interpreted by a theory of disease, and result in an etiology which is understood in terms of ideas about the nature of spirits. These ideas may suggest the necessity of a seance, which provides further data, information from spirits, which can be interpreted by the theory of disease. An etiology may indicate the necessity of a ceremony which may provide oracles for interpretation, which may then inform the further development of the etiology.

The final proof that a diagnosis is correct is only provided by the effectiveness of the indicated therapy, and the abatement of the symptoms. New evidence might show previous diagnoses to have been false. Oracles may indicate that the offering was made to the wrong spirit, so a new diagnosis is developed and other action taken. Individuals may re-interpret their past actions in light of new diagnoses and conclude that they must have offended certain spirits. If a long course of ceremonial therapy is not successful, it might be concluded that the disease is not of supernatural origin, that it is of natural origin and the spirits are not responsible. When the therapy is successful, the etiology is proven.

We see, then, that the theory of disease is one of several components in the curing process. In order to provide a more complete description of the curing process, I shall describe some of the Lisu ideas about disease causality and show how they form a system of categories.

I have already suggested that there is a distinction between natural and supernatural causes of disease. Natural causes are malfunctions of the organism and can be treated by correcting the malfunction. There is, however, no generally accepted theory of natural disease causes. Many Lisu consider the state of the blood to be important. The idea is that if the blood, which is normally liquid, should for any reason become viscous, then it will cause pains, and if it enters the heart or lungs, may cause a person to die. Cooling causes the blood to become viscous, so the indicated therapy is to warm the blood by ingesting infusions of ginger or by other means. Or, some of the "bad blood" can be removed by pricking a finger or with a cupping instrument.

Natural maladies can also be caused by "eating mistakes" which are somewhat like powerful allergies. There is no general agreement about the mechanisms involved. If a person eats something which "disagrees" with him, and causes him to fall ill, it may be taken as an eating mistake and that food will be avoided in the future. Eating mistakes are idio-

syncratic, and experiences with them become part of an individual's "medical history".

Although the symptoms of naturally caused diseases are labelled (earache, backache, etc.), these same labels can apply to supernaturally caused maladies since both kinds of causes result in the same symptoms. I found no generally accepted theory of natural diseases, but each individual is treated in terms of his own individual history. Natural therapy is not informed by a general theory of the operation of natural causes of disease. Therapies are idiosyncratic, "when this person last had these symptoms, this treatment was effective, so we will try it again." Treatment administered by the Lisu involves use of patent medicines and herbal preparations. Other sources of treatment are Thai injection doctors from the lowlands (see Cunningham, 1970), and lowland hospitals. Here, however, the therapy is not informed by Lisu ideas of disease causality.

If treatment of natural causes is ineffective, then the disease might be considered to be supernatural and steps taken to verify this diagnosis. Natural causes, then, form a broad and undifferentiated category of disease causes.

A supernatural cause involves some unseen agent. The Lisu believe that people are composed of two elements: a body and a soul. The soul animates the body, but can leave it. If a person is without his soul he exhibits characteristic symptoms of anorexia, listlessness, and general malaise. The weakness of the person occasioned by the absence of his soul may make him more susceptible to attack by spirits, or his wandering soul might do something to offend a spirit and cause it to attack the person. Soul absence may have two causes. The soul may have been captured by an offended spirit, or it may have wandered away because it was dissatisfied with conditions of human existence. In either case, the therapeutic task is to reunite the soul and the body by calling the soul. This often involves invoking the aid of a set of spirits which act as intermediaries to take offerings to spirits who hold captive souls and induce them to return the soul, to guide the soul back to its body, or to locate the soul if it has wandered away and induce it to return. If a person exhibits only symptoms of soul absence, then both possibilities are covered by soul returning ceremonies. The mediating spirits are requested to find the soul and return it whether it has been captured or has wandered away. Soul absence, then, defines one category of disease causes.

Other supernaturally caused diseases are not caused by soul absence,

although they may accompany it. If a disease is not caused by the absence of the soul, it may be caused by the intrusion of something into the person's body. A witch spirit (*phyiphā*) may invade a person's body with or without the volition of a witch, or an object may be intruded into a person's body (*taì*). Acute stabbing pains accompany the intrusion of objects, and such pains are always recognized at first as *taì*. Objects can be intruded into people either by humans who have special powers, or by spirits. As in the case of soul absence, one may know that there is an intruded object, but not know the source, so therapeutic actions are directed at both causes and intended to extrude the object and return it to whoever sent it. If a person sent it, the returned object will affect him in the same way it affects his victim. Sorcerers are not usually suspected because very few people are thought to have the power to intrude objects, and if someone is suspected of having the power, people go out of their way not to offend him. Furthermore, unless the intrusion of the object is in consequence of a dire offense against the person who sent it, the object will return to kill its sender. If a spirit has intruded the object, it is because the victim has offended the spirit.

Many supernaturally caused diseases are not attributed to intruded objects but to spirits' biting their victims and causing the symptoms. They do this if they have been offended. When it is discovered which spirit is biting the sick person, what the offense was and what the spirit requires in recompense, the therapy is to provide the spirit with an offering so it will remove the disease symptoms.

Other spirits attack people without provocation. Some of these are the spirits of individuals who have died by bloodshed, drowning, in child-birth or with swellings — "bad deaths". Their souls do not go to the land of the dead, where they would receive regular offerings from their descendants, but roam the earth and receive no offerings. When they get hungry, they attack people in order to receive offerings. The therapy in these cases is to provide the spirit with an offering and then send it away. More powerful spirits, spirits who react to offenses, are not sent away.

Another spirit which may attack without being offended is the spirit of malicious gossip. When many people speak ill of some other person, this spirit hears the gossip and reacts by visiting misfortune on the maligned individual or his household. When this is considered the cause of misfortunes, the spirit of malicious gossip is sent away from the household and away from the village.

Offended spirits, hungry spirits, and the spirit of malicious gossip may

not strike their victim's body and cause a disease. They may cause his fields to be infertile, or to be infested by insects; they may cause his pigs to wander away and not return to their pens at night; or they may visit other misfortunes on people. They may not visit disease on the offender himself, but on a member of his household. Disease is, then, one particular kind of misfortune which may have the same causes as other kinds of misfortunes and may be treated in the same way as other misfortunes.

The task, in all cases, is to discover the source of the misfortune and treat the cause in order to make the agent of the misfortune abate the symptoms. Actions are taken on the basis of proposed etiologies, which are derived from a theory of misfortune. Part of this theory of misfortune is a set of categories of causes of misfortune.

If therapeutic actions are intended to treat causes of disease, as the Lisu say they are, then the kinds of therapies ought to give some indications as to the classes of causes of misfortunes. There is, first, a distinction between natural and supernatural treatments; natural treatments involve medicines and actions intended to have some effect on the patient's body whereas supernatural treatments are intended to have some effect on a spirit or other occult being. These are two kinds of therapy, and hence, two kinds of causes for misfortunes. There is a set of ceremonies whose intent is to return a soul to its body, hence soul absence is a category of disease cause. Likewise, there are therapies for removing intruded objects, ways of dealing with intruded spirits, piacular ceremonies to appease offended spirits, and ceremonies to feed and/or expel spirits. These, then, indicate categories of supernatural causes of disease. Of course, any ceremony must be directed at some particular spirit or spirits, and part of the diagnostic task is to discover just which spirits are involved.

Many of these causes attribute the spirits' actions to human offenses against them, but the therapies treat proximal causes, e.g., intruded objects, lost souls, and biting spirits. It is these proximal causes which form categories. Some of them may be of human rather than spirit origin, e.g., intruded objects, but the treatment is the same, so these properly belong in the same etiological categories.

The most fundamental distinction is between natural and supernatural causes. Since soul absence, whatever its cause, defines one category of disease, but is not criterional for others, this is the second criterional attribute. The third criterional feature is intrusion vs. non-intrusion of something since this unifies categories which are treated

in similar ways. The fourth distinction is between those diseases caused by a spirit's biting a victim because he has offended the spirit and those misfortunes which cannot be caused by an offense to the spirit since the spirits are not offendable and may therefore be driven away rather than placated.

Among misfortunes not caused by intrusion or soul absence, each final category is further divided into misfortunes which affect the body (disease) and those which affect fields, livestock, or other possessions (other kinds of misfortunes).

I think it is important to note here that I am attempting to describe a set of categories, not to analyze a terminological or lexical system. The major evidence for this set of categories derives not from the Lisu lexicon, but rather from their attempts to treat causes of misfortune by ritual or other actions. If the lexicon were used as the only evidence, one might put in one category the intrusion of a witch spirit (which 'bites', *phyiphā khuà*) and the biting of other spirits (*nì khuà*). One could ask "What kinds of biting are there?" and get "witch spirit biting, spirit biting, bones biting (flu symptoms), blood biting (flu symptoms), mosquito biting, dog biting . . ." This would not reflect the reality of Lisu etiological thought since these two categories of causes are treated in different ways: spirits are placated whereas witch spirits are extruded and returned to their human witch, much in the same way intruded objects are returned to their senders whether they be spirits or humans. One could call the cause of soul absence, due to a captured soul, spirit biting, and spirit intruded objects "offenses against a spirit" (*nì chū wū*). But each of these has a different therapy which is the same as the therapy for the same cause which involves a human agent rather than a spirit. Word use and lexicon are therefore not important guides for understanding this categorical system (see Lehman, 1974).

Whatever action a powerful spirit takes, whether it be capturing a soul, intruding an object, biting a person's body or whatever, the ultimate cause is an offense committed against that spirit. To treat the misfortune, then, requires righting the offense by presentation of an offering. Other, less powerful spirits strike simply in order to extort offerings and to cause them to relent one must give the offering and send the spirit away. The categories of misfortunes and their criterional features or characteristics can be represented by the diagram in Figure II.

This set of criterional features defines a set of categories which together with other sets of categories informs analyses of situations and appropriate actions. One such other set of categories is that which distinguishes

Causes of Misfortunes

FIGURE II

different kinds of role interactions with supernatural or occult beings (see Durrenberger, 1975). In analyzing these roles I argued that individuals in the role of medicine woman (*nécht mā juā mā*) should only deal with situations in which there is no spirit involvement, whereas other roles, especially that of shaman (*nì phā*), should deal with situations which do involve spirits. With the set of categories for misfortunes, we have one way of characterizing situations as to whether or not they involve supernatural beings, and hence, of deciding who should properly be appealed to for help.

By fitting this set of categories into a broad context of the process of curing we can see how the same situations and the same symptoms can be interpreted and re-interpreted, and how actions are based on these interpretations, and new analyses proposed and tested. In other words, I argue that these categories of disease causality do not stand alone, isolated from other sets of ideas, or data and actions, but are

used with action and data to provide ongoing and changing analyses of situations.

What is appropriate under one analysis may well be inappropriate under another. If a misfortune is first thought to be natural, but does not respond to natural treatments, then the analysis is changed, and it is interpreted as a supernatural event, amenable to supernatural treatments rather than natural ones. No analysis of a misfortune or etiology of a disease is complete until it has yielded to a successful therapy. If a therapy based on an etiology is successful, the etiology is shown not to have been false. Since there are unsuccessful therapeutic attempts among the Lisu we have to allow for their accounts that these are based on false analyses, which can be modified and changed.

I am not arguing, then, that Lisu diagnosticians gather what data they can, then categorize the malady or misfortune, and, having put it in a category and labelled it, stop. Rather, they arrive at an etiology, a theory as to what is causing this particular misfortune based on their theory of how misfortunes are caused and how to deal with those causes; then, on the basis of this analysis, they treat the putative causes of the misfortune. If the symptoms do not abate, then, a new analysis is called for and provided on the basis of the same or new data from oracles, seances, and re-interpretations of individual actions. Therapy is predicated on this analysis, and so on. A malady may one day be categorized as one caused by soul absence and the biting of the hill spirit, and on the next day, an attack of hungry spirits, and on a third day a natural disease, not caused by supernatural agents at all. Each of these analyses calls for different treatments, defines different situations, and involves different kinds of role-specialists.

I think there is general agreement that people categorize. It would be difficult to begin to account for any aspect of human thought without such a supposition. But it seems to me that the most interesting questions do not concern whether, or even how, people categorize, but the place of categorical systems in thought and action. In Keesing's words, cognitive analyses should be put in a context of performance (Keesing, 1970; 1972).

We can understand certain Lisu therapeutic and diagnostic actions in terms of their categories of disease causality. If these are the causes of misfortunes, then one asks questions such as: is some spirit responsible? If so, which one, and what does it require to cease visiting this misfortune? Then action can be taken to answer these questions. A person through whom spirits can communicate can be asked to contact his

spirits so people can put these questions directly to the spirits. With answers to these questions, people can make appropriate offerings or take other indicated actions, and evaluate their effectiveness by examining oracles and watching symptoms.

My general point, then, is that we cannot ask and answer interesting questions about cognition by examining categorical systems as things in themselves. They relate to other categorical systems, and define appropriate actions in contexts defined by other categorical systems. There is an important relationship between categorical systems, analysis, and action. Analyses are based on categories, and action is informed by analyses. But the results of actions also must be interpreted by new analyses based on categories. Without describing these contexts for categorical systems, we have only vapid demonstrations that people do indeed make categories, a point which I think no one contests.

To develop descriptions and understandings of cultural similarities and differences, then, we need to place the analysis of categorical systems in contexts of other categorical systems, analyses of situations, and actions.

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