

## Healers and Counselors in Buddhist Ladakh

Uwe P. Gielen

*Professor, St. Francis College, New York City*

*You yourself must strive, the Buddhas only point the way.*  
Dhammapada, Verse 276

During the past 35 years I have explored the psychological nature of healing and counseling in various parts of the non-Western world. Although not a practitioner, I have worked together with cross-culturally oriented clinicians and counselors such as Juris G. Draguns, Jefferson M. Fish, and Roy Moodley, in an attempt to understand culturally distinctive healing practices through personal observation, the analysis of ethnographic descriptions and reports by medical anthropologists, counseling psychologists, other specialists, and the comparative study of counseling and psychotherapy across the world (e.g., Gielen, Fish, & Draguns, 2008). I would like to give a brief overview of indigenous healers practicing in the Leh District of Ladakh, Northwest India. The district is mostly a Buddhist region situated in the Indian State of Jammu and Kashmir. The 1981 Indian Census counted 68,380 residents in the district but by 2011 this number had already increased to 147,104 persons. Surrounded by dramatic high-altitude mountain scenery, barley, buckwheat, potatoes, turnips, and walnut and apricot trees are grown in some of the valleys. Most residents are farmers, craftsmen, small businessmen, government officials, monks and nuns, or are employed by the Army. They speak a variety of languages such as Ladakhi (a Tibetan language), Urdu, Hindi, English, and Balti. Although 23% of the people are Muslims, this article focuses on Buddhists endorsing some form of Vajrayana or Tibetan Buddhism (Gielen, 1997).

Between 1977 and 2000 I visited Ladakh on four occasions. During 1980-1981, I conducted 72 interviews with male and female Ladakhis including *rinpoche* (recognized reincarnations and abbots), monks, nuns, *lhapa* and *lhamo* (male and female “spirit persons”), children and adults of various backgrounds. These interviews focused on the respondents’ religious and moral ideas and identities. In

addition, I attended public and private healing sessions by three *lhamo* (Schenk, 1994) and participated in religious festivals.

In the early 1980s as well as today, Ladhakis experiencing spiritual-physical-psychological problems and those in need of practical advice could consult with at least five types of specialists: Abbots and other monks, traditional Tibetan doctor-pharmacists called *amchi*, allopathic doctors and paramedics including those working at the local Army hospital, astrologists called *onpo* or *tsipa*, and shamans or 'house oracles' called *lhapa* and *lhamo* (Kuhn, 1988). Table 1 provides an overview of these healers and counselors.

**Table 1**

*Five Kinds of Healers and Counselors in Buddhist Ladakh*

Healers/Counselors	Social Status	Clientele	Typical Problems
Abbots, <i>rinpoche</i> , other monks: Male but the status of nuns has been increasing	Very high—high	Everybody	Spiritual-emotional; medical; family; social relationships
<i>Amchi</i> (traditional Tibetan doctor-pharmacist): Male	High	Villagers & town people	Medical & spiritual-medical
Allopathic doctors (and paramedics)—Army hospital; dispensaries: Mostly male	Fairly high and increasing	Some villagers & many town people	Medical only (not spiritual)
<i>Onpo</i> , <i>tsipa</i> (astrologers): Male	Rather high	Mostly villagers and monks	Decisions of all kinds; horoscopes; supernatural illnesses ("Primary prevention")
<i>Lhapa</i> , <i>lhamo</i> (house oracles, shamans): Both males and females (increasing)	Medium—ambiguous	Some villagers & town people	Medical; veterinarian; spiritual-emotional illnesses; recover lost objects

The abbots enjoy high prestige and are frequently asked to give advice about a broad range of human situations. For instance, Nawang (pseudonym) wished to marry an American woman who served as a volunteer for a local NGO but encountered major resistance from his family. Consulting a divination system called *mo* to arrive at a likely prognosis for this situation, the (former) *Rinpoche* of Takthok Gompa advised him not to pursue his plan. In general, *rinpoche* are selected during the first few years of their lives and undergo extensive spiritual and leadership training from early on.

*Amchi* are trained in Tibetan medicine, an ancient and complex system that teaches one how to modify clients' behavior, change their diets, create medicines made from natural materials, and adjust a medical treatment according to a given client's temperament and body type. *Amchi* are expected to lead impeccable lives and derive their healing powers both from their medical-pharmaceutical knowledge and their spiritual purity.

By the early 1980s, a number of allopathic doctors trained at major Indian universities had begun to work in the hospital of Leh, the capital of Ladakh. Many of them were not Ladakhis, did not speak the local language, and were unfamiliar with both Vajrayana Buddhism and many local customs. Many Ladakhis believe(d) that whereas these doctors were able to successfully treat major physical problems (e.g., common eye diseases) they would make a poor choice for the treatment of spiritual-emotional disorders such as, for instance, serious 'wind' disorders during which the patient loses contact with reality.

Male *lhapa* and an increasing number of female *lhamo* can be found in quite a few of the villages. Like other Himalayan shamans, they must reach a state of altered consciousness or dissociation prior to the beginning of their often public treatment sessions. During these sessions, a specific *lha* (frequently a local, low-ranking spirit/deity) takes over the body of the healer and chants in his/her voice, speaks, argues, shouts, makes demands, predicts, pacifies ghosts, sucks out evil poisons, and thereby heals. The clients, in turn, often present with physical and emotional symptoms but may also ask for concrete advice such as where to look for missing objects. There also exist a number of 'monastery oracles' whose dramatic performances during annual monastery festivals focus on community

oriented tasks such as predicting what kind of harvest the villagers and monks should expect in the forthcoming fall.

As in various other parts of India, astrologers called *onpo* or *tsipa* are frequently consulted by traditional Ladakhis. These might believe, for instance, that it would be foolish to marry without asking an *onpo* beforehand whether the horoscopes of the potential couple are reasonably compatible with each other. Similarly, the wedding and other important events should take place on a day designated as auspicious by an *onpo*.

To sum up: Ladakhis have access to a considerable variety of advisors-healers, a situation that induces many of them to engage in 'healer-and-advisor-shopping.' Pragmatically inclined, they believe that it would be foolish to consult with just one type of healer/counselor/guide. Although different kinds of healers may endorse different worldviews, such discrepancies do not appear to be of major concern to most of their clients.

I share their pragmatism and believe that it is compatible with the results of many Western studies that have been exploring the outcomes of various types of psychotherapy and counseling (Wampold & Imel, 2015). The studies show that it is the positive quality of the 'therapeutic alliance,' the therapist's committed interest in, and sympathy for the sufferer, the shared belief systems between healer and patient, the healer's charisma, and a flexible approach to therapy that make positive outcomes more likely. In contrast, such outcomes seem to depend less on a therapist's theoretical orientation or his/ her specific training. While as a scientist I welcome outcome studies investigating indigenous forms of counseling and healing, I suspect that the same *general* factors involved in good psychotherapy also are operative in indigenous forms of intervention.

Let me introduce an example from Ladakh for this suggestion: Rigzen was a young wife who experienced serious tensions with her new mother-in-law with whom she shared the same kitchen. A monk consulted by her family suggested that she go on a pilgrimage to a remote monastery, circumambulate it numerous times while turning her prayer wheel, and thereby increase the possibility that potent spiritual beings and powers would help her to overcome some of her negative karma. This pilgrimage also removed her temporarily from the presence of her mother-in-law, helped to calm down the situation

at home, and thereby increased the chance that some kind of truce between the two might ultimately be established.

In recent decades, Ladakh's economic, educational, political, religious and family systems have changed in a sometimes dramatic fashion. However, whereas social workers have become more visible than before, psychologists still do not play much of a role in this new world. For instance, it is not uncommon to hear from nuns who wish to become social workers while hoping to work together with NGOs and other organizations in their Buddhist-inspired efforts to help families in need.

Although many Ladakhis are economically better off than their grandparents, they nevertheless live in a rapidly changing society that is simultaneously characterized by progress and new forms of sociocultural stress. Wouldn't it be interesting for psychologists to practice their craft in such a challenging yet basically benign world? Psychologists in Ladakh and other rural areas of India might be challenged to develop or join in pioneering efforts that combine and integrate more traditional with more modern forms of counseling, spiritual guidance, therapy, and social work. In Ladakh as elsewhere, a new Indian society composed of both traditional and novel features is evolving which should offer psychologists rich opportunities to develop new and creative forms of psychosocial intervention.

## References

- Gielen, U. P. (1997). A death on the roof of the world: The perspective of Tibetan Buddhism. In C. M. Parkes, P. Laungani, & B. Young (Eds.), *Death and bereavement across cultures* (pp. 73-97). London, UK: Routledge.
- Gielen, U. P., Fish, J., & Draguns, J. G. (Eds.) (2004). *Handbook of culture, therapy, and healing*. Mahwah, NJ, USA: Erlbaum.
- Schenk, A. (1994). *Schamanen auf dem Dach der Welt* [Shamans on the roof of the world]. Graz, Austria: Akademische Druck- und Verlagsanstalt.
- Kuhn, A.S. (1988). *Heiler und ihre Patienten auf dem Dach der Welt. Ladakh aus ethnomedizinischer Sicht* [Healers and their patients on the roof of the world. Ladakh in ethnomedical perspective]. Frankfurt/M., Germany: Peter Lang.

Wampold, B.E., & Imel, Z.E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work* (2<sup>nd</sup> ed.). New York, NY: Routledge.