Indigenous mental health care among Gurkha soldiers based in the United Kingdom.

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SUMMARY: This paper looks at the concept of the indigenous healer and draws on experiences of those closely involved with the progress of one soldier who, after feeling unwell, believed he was destined to become a shaman. Initially treated by Western methods, which failed to resolve his situation, he returned to Nepal to consult with the local traditional healers. He spent six weeks in Nepal and was seen by three different types of local shamans. Upon his return to Britain he claimed to be free of symptoms and returned to his normal military duties.

Introduction
The original Gurkha, literally 'defender of cows', was a man from the ancient kingdom of Gorkha about fifty miles to the west of Kathmandu, whose ruler, Prithivi Narain Shah, founded modern Nepal in 1768. Now however, 'Gurkha' is taken to mean any of the martial tribes of Nepal, particularly those who have been recruited into the British Army (1), the main being: Gurungs, Magars, Limbus, Rais, Tamangs, Sunwars, Thakurs. They share some common ideas about religion, customs and beliefs but there are many that are unique to each tribe. Gurkha recruits are exposed, most for the first time, to Western traditions and culture. Today, many will spend time in the United Kingdom where few health workers understand their local religions, traditions, or concepts of health and illness.

There have been few studies published which have addressed the nature of mental health care among Gurkha soldiers but many authors have written about the role of traditional healers in Nepal, (3, 4, 5). Other than a Ministry of Defence publication (6) which is a basic general guide to the Gurkha's history, religion and customs, and the papers by Melia and Mumford (7) and Strowbridge and Ryan (8) there is little which relates to soldiers in particular.

A Shaman is a part time specialist who through controlled trance or state of possession is able to divine the future, diagnose diseases and misfortune and otherwise bring aid to his clients. Whilst it may not be technically correct in its application to some forms of traditional Nepalese healers or practitioners, (because they may not use trance like states to communicate with spirits and their main function may be more akin to that of a priest), I will use it as a general term to cover all of these. There are many different types of Limbu shamans (9), each with a different specialisation. The exact definitions and roles are beyond the scope of this paper and it appears many of the terms are interchangeable. Each unit may have indigenous healers of various types according to caste and ability, examples of which are: Bijuwa, Phedangma, Dhami, Yuma, Yeba, Yema, Baidangi, and Jhankri. The latter three were consulted by the soldier described below.

Case History
Soldier A is a 29 year old rifleman from the 'Panchater' (sic) district East of Nepal who joined the Army in 1984. He is the eldest of four children, having two brothers and a sister who are either at school or working on his parents' farm. He is held in high regard by his superiors and is seen as an intelligent articulate soldier who is well liked.

At age 15, he described becoming "sick", then wandering into the forest and having to see a jhankri on two or more occasions. The taking off into the forest is a common theme that frequently occurs when individuals describe the first stages of a vocation (10). There had been no further experiences of this kind until the recent episode described below.

After feeling unwell for several days he was taken to a local casualty department suffering from a headache and a feeling that his body was "about to explode". He appeared flushed but otherwise routine investigations were normal. He was diagnosed as having a viral illness, prescribed Paracetamol and discharged. Six days later he was seen by his Unit Medical Officer (UMO) at which time he appeared tense and was hyperventilating. Treatment was with a single 10mg dose of Diazepam.

During the next month his symptoms of lethargy, headache, and dizzy spells came and went with a variety of Western treatments having little or no effect. He then started to express ideas, to the Gurkha Major (GM) and his peers, about being chosen to become a jhankri, interpreting his physical symptoms, and by now voices inside his head, as signs of his true vocation.

At interview Soldier A was talkative and overtly cooperative, informing me that his recent physical condition was a sign that he had been chosen to become a jhankri. He told me that his parents, especially his father, would not be pleased as this would mean a life of hard work and many obligations. On the other hand he felt unable to disappoint the spirits and wanted to please them by accepting this vocation. Soldier A claimed to hear voices inside his head talking to him and guiding him. He said, "They are talking to me now as we speak". He was insistent that he had to return to Nepal in order to seek the intervention of the local shaman.

Meanwhile over this period the UMO, Second in Command and the GM had several meetings and finally it was decided that he would be allowed six weeks leave to go back to Nepal, at his own expense, to consult with indigenous healers. During his time in Nepal he saw the following:

- Yebo - Consulted 3-4 times for 2-5 minutes duration. The yebo used no special dress or equipment and no sacrificial rites were performed. They sat on the floor and the yebo spoke a mantra. There was some physical contact. Soldier A was told that he was feeling ill because Dewata, a good god, was making him sick. Soldier A has little recall of what happened or how he felt during the mantras.
- Baidangi - Consulted 3-4 times for 5-10 minutes duration. Claims this was similar to the yebo. He read a mantra and gave him a jantar (amulet) containing two pieces of parchment, with the mantra written on it, mixed with 'medicine' that he keeps on a chain around his neck. Soldier

Footnote: In much of the literature the spellings of translated words differ, e.g., Jhankri or Jhakri. I have chosen to settle on one version for consistency only, rather than debate which form is the more technically correct. However, the seminal work on translations and meanings seems to be by RL Turner (2) should the reader wish to pursue this further.

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A has no idea what the mantra says nor type of 'medicine' contained in his jan tar. He must wear them, prophylactically, for rest of his life to protect him from evil influences.

- Jhankri - Saw him once for several hours during the late evening to early morning. The jhankri told him it was a witch (Bokshi) that was making him ill. In Nepal many forms of anxiety are relieved by attributing problems to witchcraft. Again a mantra was performed and this time he was given rice to eat during the night. It is not clear if the jhankri was in a trance or possession state, but during the ceremony he placed a metal rod or object on a fire until it was red hot. This was then placed onto the sole of Soldier A’s left foot, who felt no pain nor experienced any residual effects. He was told this would harm the witch and force him to stop making him sick but it would not kill the witch. As the jhankri was not a Limbu but from the Tamang caste he did not always understand what he was saying. No sacrifice was performed. Although no payment was requested Soldier A voluntarily gave them between 25 and 100 rupees.

Soldier A proved to be a reliable informant on the nature and intervention of a number of shamans and their craft. He described a history consistent with that of becoming a shaman himself although when last interviewed he denied that this was the case. Five weeks after his return to his unit, his GM and UMO were optimistic that he was fully fit and would continue his service with the battalion.

Discussion

Gurkha soldiers utilise both Western medicine and their traditional healers. Generally adequate for somatic problems, Western health providers have little understanding of traditional Nepalese concepts with only a small proportion of Army physicians having the opportunity to work with them as part of the Gurkha battalions. For the Gurkhas an affliction may have physiological, behavioural, social, historical and ethical elements which relate to good order, personal relationships, religious beliefs and the influence and integration of the ancestors in their daily activities. Non-physical problems such as homesickness, spiritual, religious or supernatural reasons for feeling unwell are dealt with in a variety of ways. The Pandit (priest), Medical Sergeant and GM, all whom may have common ideas about folk theories of illness and treatment, are available and active in giving advice to soldiers. Should the problem demand more than this, the services of the local shaman may be employed.

Limbu shamans serve their clients as diviners and healers through the power of possession and trance, who offer sacrifices, prayer, and perform rituals with the aid of personal and supernatural power. Unlike the Western priest they seldom make their living solely from being a shaman. In the army, traditional healers do not hold a military post and they do not have their position reflected in rank. They are primarily curers and healers, serving as mediums by utilising their power to become possessed and in this way communicate with supernatural entities. Their position as a religious specialist however is not inherited, but acquired by divine intervention (11). To become a Limbu shaman, one must first have personal contact with a spirit or deity in the Limbu pantheon. This state of involuntary possession may continue for years without the victim becoming a shaman. A teacher is then identified, often by having treated the victim, and his skills are passed on. The experienced shaman then teaches the techniques of making an altar, use of shamanic equipment and the rituals involved with his duties. As in this case, the victim does not welcome the call to become a shaman as it involves many duties and obligations requiring a great deal of time and effort.

Fuller Torrey (11) suggests several aspects vital to the relationship between shaman and client. Both shamans and western mental health workers achieve results by ordering their clients' experiences in a meaningful way, and in a way that seems to enhance the possibility of control. Attributions to childhood trauma within the family would be meaningless to a Gurkha but, as demonstrated by Soldier A, a belief in witchcraft is common. The personality of the shaman and his ability to empathise with the client are a vital ingredient for success. It is also suggested that acting ability is a major component. It is not only that shamans assume the identity of characters from the other world and in this way make vivid their control of its confusions and terrors, but also - by the same empathetic gift - that they can adjust with sensitivity and insight to their clients needs. Aspects of the shaman's art that raise the clients' expectations and which enhance the shaman's power are supported by the traditional beliefs and highly suggestive and elaborate rituals. Techniques of therapy, such as suggestive symbolism in amulets and charms, music therapy, group therapy, and acceptable ways of expressing aggression such as live sacrifice are used. For the most part, unlike many other types of shamanism, Nepalese shamans rely little on drug use, and curing is reliant upon the use of music, language, costuming and other symbols in a dramatic group context.

As previously mentioned, the Gurkha shaman does not make his role obvious to those outside his own caste. Among the many possible reasons for this is that the shaman's power and influence may be incongruous with his rank as a junior soldier. A shaman by his ability to control the spirits is afforded a high status and is seen to be in a position of power and so a junior soldier who is also a shaman may be regarded as a potential threat by his superiors. The paradox of being a shaman is that he is credited with being capable of causing, what he has learned through suffering, to cure.

Another reason they may not identify themselves is that the nature of some rituals demands time and a commitment to learning mantras and skills. With the soldier's military commitments, long and irregular hours and inability to be excused from these duties, the shaman may find it difficult to learn his craft and perform rituals at the required time. Perhaps because some rituals may be socially or legally unacceptable here, involving animal sacrifice, he prefers that his role is known only to those who share and understand the same culture.

The situation at Church Crookham is unique in that it provides an environment for the Nepalese soldier to experience the British culture and way of life, yet maintain his traditional beliefs, rituals and traditions. The belief in the powers of the shaman remains strong for most of the Gurkhas. When they return to Nepal for their six months leave they rapidly return to traditional ways of thinking and behaving. On return to the unit they once again adapt to a co-existence of Eastern and Western influences, relying upon Western medicine for physical trauma and illness, but this is less so for those soldiers experiencing psychological problems. Having a psychiatric condition being seen by a mental health worker, is viewed by the Gurkhas as something to be avoided. This is influenced, not only by differing views of the cosmos, but to a more practical belief that to be admitted to a psychiatric unit could mean discharge from the regiment and this would be a humiliation and a disgrace.

The senior officers, both British and Gurkha, respect the needs of the soldiers when the illness is attributed to cultural beliefs such as the influence of spirits or witchcraft. They appreciate, as Kliemmen (12) points out, that an experience of any kind includes not only what is happening to you, (or in you), but what you make of it. As was the case described, if the
resources are not to be found locally, then the mechanism was there to allow him six weeks, on full pay, to return to Nepal in order to receive the attention he required from indigenous healers. Although not a common event, a similar situation also occurred in 1994.

It would appear that the system by which Gurkhas receive informal intervention from traditional healers, albeit covert to some, is successful in maintaining a mentally healthy population. Even if it is not available locally and involves the time and expense of returning a soldier to Nepal, the evidence gathered from this case suggests it is not only culturally appropriate but it is effective in dealing with problems that might otherwise lead to the dismissal of a highly trained soldier.

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REFERENCES