

Ritual Healing East and West: A Comparison of Ritual Healing in the Garhwal Himalayas and “Family Constellation” in Germany

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Abstract

Unlike many forms of Western psychotherapy, Family Constellation focuses on families rather than individuals. The same is true of ritual healing in the Central Himalayas of north India. In this paper, we apply anthropological as well as psychological concepts and methods to compare these systems. We ask whether Family Constellation practices can be fruitfully regarded as forms of “ritual healing.” We also describe and analyze further similarities between the two types of healing, including the resolution of social conflict as the main therapeutic principle, the importance of the past and collective memory, the role of deceased family members, and the centrality of space and movement.

Introduction

Can ritual healing be efficacious? Does it work? For many scientists, the answer is an unambiguous “No.” This is because, in popular as well as scientific discourse, the term “ritual” has come to mean something purely formal, external, meaningless, pointless, and above all, *ineffective*. According to our meteorological theories, dancing cannot make it rain, and so when someone performs a rain dance, we call it a ritual. According to our anthropological theories, one cannot fundamentally change a person’s nature by cutting or tattooing their body, and so when people do such things in the course of an initiation, we call it a ritual. According to our medical theories, disease cannot be cured by sacrificing goats to the ancestors, and so when people claim to have done so, we label it ritual. Public figures constantly reiterate the idea that rituals don’t actually *do* anything: for example, when speaking recently of German-French relations, German Chancellor Angela Merkel said, “This has to do, not with ritual, but rather with deep conviction.”² In popular discourse, the term “ritual” usually means an action that is ineffective. This popular understanding of ritual influences scholars of ritual as well, so that even though such scholars have yet to agree on a definition of ritual, they “know it when they see it”—and what they know to be

rituals when they see them are apparently irrational actions, where the means do not seem proportionate to the ends, where the intended objects of the actions are thought to be non-empirical beings, or where the theories of efficacy that ostensibly explain the acts are inconsistent with modern, scientific paradigms. In this sense, Latour’s characterization of “modernity”—that it functions in a rhetorical way to distinguish self from other—is also true of one popular meaning of the word “ritual”. Foucault defined the modern epistémè as the conditions of possibility for what counts as scientific, and our argument is that in popular understandings, “ritual” is precisely the *negation* of this modern, scientific epistémè—which is one of the things that makes it so interesting.

That the efficacy of “ritual healing” is doubted by many in the medical professions is partly due to the universal dominance of biomedicine. Indeed, “ritual” is defined in the medical journals as a practice that lacks therapeutic efficacy and should therefore be eliminated from medicine (Bolande 1969; Greer 1994; Parker 1999, 2002; Sinclair 2004; but cf. Wall 1996).³ From this point of view, medicine is seen as pure technique, universal and non-cultural: an appendectomy is an appendectomy, regardless of whether it is performed in Abu Dhabi, Albuquerque, or Australia, and the social context of the

operation, the respective backgrounds of surgeon and patient—in fact, anything that does not relate to formal surgical technique—is irrelevant to it as a surgical operation. As Latour has argued, such an attempt to “purify” science by rigorously separating it from its social and cultural context is at the very core of the ideology of modernity, and although such a separation is philosophically unsustainable, sciences like biomedicine nevertheless insist upon it. Writing of “the sanctioned sciences” like mathematics (or the science of appendectomies), which seem so clearly to be non-cultural and non-contextual, Latour argues that “they become scientific only because they tear themselves away from all context, from any traces of contamination by history, from any naive perception, and escape even their own past” (1993: 92).

As we see it, this popular understanding of “ritual” is deeply misleading. It is clear that from an historical and comparative perspective, what we regard as “rituals” are an important part of most human systems of healing, where they are unproblematically regarded as efficacious. Many anthropologists have noted that traditional healing in general, and ritual healing in particular, is not limited to somatic ailments but also involves the “healing” of mental, familial, social, and even economic stress, so that a purely biomedical paradigm is in any case insufficient for understanding it. Numerous theories have been advanced to explain how ritual healing is, or might be, efficacious (for reviews of these theories see Csordas 1997 chapter I and Sax 2008 chapter 8), and one of the most common (and least controversial) of these is that it “works” by reconstituting socially dysfunctional relationships (Balzer 1983; Halliburton 2003; Kakar 1982: 82–85; Kendall 2001; Sax 2004a, 2004b, 2005, 2007, 2008, forthcoming; Skultans 1991; Turner 1967, 1968). This explains why the object of ritual healing is very often not an individual, but a group.

But what do we mean by the term “ritual”? Given the remarks with which we began, we will have to define it as “apparently ineffective action” and to this we add (borrowing from Tambiah’s famous definition) that these apparently ineffective actions consist of “patterned and ordered sequences of words and acts, often expressed in multiple media, whose content and arrangement are characterized in varying degree by formality (conventionality), stereotypy (rigidity), condensation (fusion), and redundancy (repetition)” (Tambiah 1979). Rituals are formal because their actions are prescribed, they are stereotypical because the actions must be followed in a precise order and manner, they make use of condensation because they employ symbols and actions whose meaning is dense and overdetermined, and they are re-

dundant because so many of their constituent parts are repeated over and over, often in multiple media. Very often, rituals involve appeals to or exchanges with extraordinary beings.

In this article we want to compare ritual healing in the Central Himalayas with Family Constellation, a mode of ritualized psychotherapy that originated in Germany and spread to urban areas in many countries. Although these two “systems” of ritual healing come from radically different cultural and historical contexts, nevertheless it seems to us that they have certain similarities. But are they both rituals? Are their alleged similarities superficial, or truly deep? And if these similarities really exist, what do they tell us about ritual efficacy more generally? It seems to us worthwhile to ask about the role rituals play in the healing process, and whether this role might have some commonalities across cultures. Before proceeding however, we need to ask whether Family Constellation practices can legitimately be regarded as rituals.

Are Family Constellation Practices Rituals?

The Central Himalayan material discussed below clearly belongs to the field of “ritual,” but what about Family Constellation? Because of its religious connotations, the term “ritual” is not usually associated with the field of secular psychotherapy. Nevertheless it is true that some schools of western psychotherapy explicitly address the use and efficacy of rituals during therapeutic processes (e.g. van der Hart 1983). The conceptualization of the term “ritual” within models of systemic family therapy can be found in a literature that draws upon a variety of sources from anthropology, sociology and linguistics (e.g. Imber-Black, Roberts & Whiting 1998). The term “ritual” is also used to model actual psychotherapeutic practices within families and family therapy sessions (Schweitzer 2006).

Family Constellation practices can be regarded as rituals that meet Tambiah’s criteria: they follow fixed scripts, exhibit stylized performances, are (partly) based on the “myth” of the father-figure Bert Hellinger, have metaphysical principles that can be violated and restructured, and display a heightened emotionality of participants. Moreover, discussions of Family Constellation make frequent reference to ritual, especially the work of van Kampenhout (2003), who compares it with shamanic rituals. One section of an edited collection on Family Constellation is entitled “Constellations as Rituals” (Weber 2001). Its three chapters explicitly refer to constellations as rites of passage (Leila-Baxa 2001), investigate ritualized sen-

tences that are reminiscent of the Austinian model of performative speech-acts (Glöckner 2001; cf. Austin 1962), or consider the usefulness of incorporating ancestors into the framework of therapy (Austermann 2001). These authors mainly draw from older anthropological discussions of ritual, most prominently those of Arnold van Gennep (1960/1909), as well as from writings on neo-shamanism.

Does Family Constellation “heal”? Patients come to Family Constellation therapists because of specific problems or symptoms of a psychological or a somatic nature. Their cases often involve specific concerns such as broken marriages, worry about their children, or professional problems. Frequently, they have tried allopathic medicine or used other “alternative” methods in their search for improvement. But neither does Family Constellation aim primarily at “symptom-reduction” in a biomedical sense, nor does it see the cause of the illness or affliction in biological terms. Since Family Constellation theorists—like most psychotherapists to a greater or lesser extent—recognize social (and historical) etiologies for physical and psychological problems, it can be said that Family Constellation is a psychosocial model, which claims that psychological and social factors contribute to psychological and somatic disorders, which can be healed and relieved by psychological and social means.

The Two Systems

Family Constellation in Germany

In Germany, psychotherapy is practiced mostly by physicians, psychologists and (for children) social workers and educators, as part of an extended mental health care system. Family Systems Therapy⁴ as one approach to psychotherapy is incompletely integrated into the German mental health care system, a fact that has to do with financial lobbying conflicts between psychotherapists rather than with the therapy’s effectiveness. Family Therapy (Schweitzer and von Schlippe 2003) takes place when the people who are concerned or affected by a patient’s clinical problem (e.g. hyperactive, depressive, obsessive-compulsive, or anorectic behavior), who feel close to him/her and wish to contribute to finding a solution, meet with one or two professional family therapists for a series of meetings in order to identify and solve the relational problems (e.g. family conflicts, serious misunderstandings, distrust, over-involvement, lack of interpersonal boundaries, etc.) associated with that problem. They meet for a series of one to twenty sessions—in practice, the average is probably two to five sessions. “Family Constellation” (Hellinger 1994; Weber 1993) can be seen as a version of a family oriented group therapy approach that

is rather controversial, precisely because of its more “ritualized” nature. It can also be seen as a derived but independent and unique method which is conducted in a way that little in common with Family Therapy. It is a form of group therapy that tries to solve its participants’ family-related concerns. Typically, people who are not family members, but who share an interest in learning how their present and past family relations shape their current personal life (which may or may not involve a clinical problem), meet with a professional Family Constellation facilitator. These meetings usually happen only once, in a workshop-fashion, and are not part of a long-term therapeutic relationship. Family Constellation seminars typically last from two to four days; however, the individual constellations with each client typically do not last longer than thirty minutes.

This marks an important difference from the slower pace of psychoanalysis and other long-time-psychotherapies, where the client sees the therapist many times (e.g. up to several hundred sessions in classical psychoanalysis), and for a longer period each time. Family constellation sessions, by contrast, are intended to be unique events. One of several expected outcomes is that the client will take home a “solution picture” at the end of the constellation (including the emotions and insights associated with it) that will help him be more effective in his ongoing life.

Bert Hellinger, the founder of Family Constellation, was influenced by the technique of family sculpture (Duhl, Kantor and Duhl 1973; Schweitzer and Weber 1982) which for many psychotherapists is associated with the American family therapist Virginia Satir. In family sculpture, family emotional relationships are represented (symbolized) by spatial relationships between family members in the same room. If these relations are felt to be unpleasant, participants look for different spatial arrangements symbolizing more pleasant and appropriate styles of proximity and distance between family members. Hellinger made certain technical changes in family sculpture, and connected it to a philosophy he developed, drawing on multiple sources, including elements of Catholicism, Zulu ancestor worship, Confucianism, some Taoism, transactional analysis, primal therapy, and intergenerational family relations theory (see below, section f).

The core activity occurs when participants (“protagonists”) come to the center of the group, briefly formulate a “concern”, and ask group members to serve as representatives for important absent family members. The protagonist assigns a particular location in space to each representative, so that the distances and angles between them and their body postures in relation to each other (e.g. turning toward the other vs. turning away) correspond to the “image” the protagonist carries with him about his

family relations. The importance of this “spatial dimension” is clear in our first case study (Weber, Schmidt and Simon 2005):⁵

Family Constellation Case Study 1: the absent brother

The client, Renè, was married and had a nineteen-year old son. He said that he had a brother who had died three years before he was born, and that each year at Christmas the whole family went to the cemetery. Other than this, his brother had never been an issue for him. His goal for the constellation work was to find out whether his shyness and insecurity might have anything to do with the relationship to his deceased brother. For him, a positive outcome of the constellation would be “improved confidence”. He began by setting up representatives for his dead brother and himself (see plate one). Below, we have transcribed the exchanges between the client (René), the representatives (here labeled “Rep.”) of René, his brother and his parents; and the therapist Gunthard Weber (abbreviated GW) who sometimes speaks to the representatives, sometimes to René, and sometimes to the audience that was present.

GW: How do you feel as the younger brother?

Rep. Renè: Not good. Already at the beginning when I was positioned here, I felt very uneasy.

Rep. brother: When I was put here I got tachycardia, and now I’m feeling sadness. There’s a strong tension here and a connection. But I also feel “cemented”.

...

Rep. Renè: I feel like I am falling forward.

(GW turns the representatives of the two brothers towards each other, so that they face each other.)

Rep. brother: There’s a lot of sadness within me and the tension has changed through the changed position.

GW: The sadness, is it something like: “It’s a pity that I never got to know you”?

Rep. brother: Yes. And his movement made me sad, his posture.

(GW says, “Dear brother, what a pity that I never got to know you!” and asks the representative of Renè: “How is it to hear that?”)

Rep. Renè: First, I am one step too far away.

(GW leads him one step towards his brother’s representative, then suggests the following sentences which are repeated by the representative of Renè: “Nice to see you!” — “You are my older brother, and I am your younger brother!” — “I give you your place and I take mine.” — “We are brothers and different.” — “I give you a good place within my heart.” — “Look kindly upon my living when I’m

taking my life in its fullness.” — “I cannot live for you, even though we bear the same name.” — “Maybe I will give myself another name, so we are different from each other again.”)

GW to Renè: Do you have a second name?

Renè: Yes, “Sebastian.” I will call myself “Sebastian” now.

Rep. brother: It is getting lighter, and I feel more differentiated. I almost feel like I could do something with him as a brother now.

(GW positions both representatives next to each other as brothers)

GW to Renè: Now position your two parents! (He does it)

How does the mother feel here?

Rep. mother: Not well. I feel compelled to distance myself. I only see both of my sons. The husband is irrelevant.

GW: Do you see one (son) more than the other?

Rep. mother (points towards the older brother): I see him more, mainly the mourning in his eyes. I see him down to his knees.

GW: How does the father feel here?

Rep. father: I don’t feel well here. I want to evade the situation by going backwards. Here everything is too cramped. The older brother is completely the centre of attention. But that is not good.

Rep. brother: I feel worse than before. I can’t look up. I can’t see my parents properly, I am losing contact with my brother.

Rep. Renè: I feel rather isolated, and my legs are shivering. My eyes always turn away.

GW asks Renè: Are your parents still alive?

Renè: No.

GW: Did they stay together?

Renè: Yes.

GW: Was there anything that might have separated them besides your dead brother?

Renè: My father lived for himself. My mother was a maniac for housework (“Putzteufel”)

GW: Can you find better words? For example, ‘She was very neat and conscientious?’

Renè: She was always at home. My father was always away.

(Representatives of mother and father move away from each other. GW positions the representative of Renè in front of the representative of his mother, and says, “Dear mother, look at both of us, my brother and me, and don’t confuse us with each other!”)

Rep. Renè repeats: Dear mother, look at both of us, my brother and me, and don’t confuse us with each other!

(GW positions the representative of the brother next to the representative of Renè on the right side.)

Rep. brother: Dear mother, look at both of us, my brother and me, and don't confuse us with each other!

Rep. Renè to rep. mother, while pointing toward the rep. of the older brother: He is the dead son, and I am the living son.

GW: How is it when you say that?

Rep. Renè: It gives strength.

Rep. mother: That's good! Yes, that's a relief. Now he belongs with me.

GW to rep. mother: Now he belongs with you.

Rep. brother: Now I can look at her.

Rep. mother: I see both of them!

...

(GW tells rep. Renè to say to rep. mother, "I thank you for giving birth to me. And I gratefully take my life from you.")

Rep. Renè to rep. mother: I thank you for giving birth to me. And I gratefully take my life from you.

Rep. mother: It is important that he takes his life. Nothing else matters.

GW to rep. Renè: "I gratefully take my life from you and make something powerful out of it."

Rep. Renè: I gratefully take my life from you and make something powerful out of it. I will not do so much housework. Look on it kindly, if I do something else.

Rep. mother: I look on it kindly!

(Now GW positions representatives of both sons in front of the father.)

Rep. father: I feel unwell, the same as before. I want to leave.

GW to Renè: What happened in the father's family of origin?

Renè: Nothing special.

Rep. father: It was too confrontational in the first position. And everything is far too suffocating—I can't stand it!

(GW suggests the following sentence: "You remain my father. And wherever you want to go, I let you go with love. I remain your son. And my brother too.")

Rep. Renè: You remain my father. And wherever you want to go, I let you go with love. I remain your son. And my brother does too.

Rep. father: It's good, now I can understand him. You have done a lot for me. And I'm sorry. And I wish you that it goes well with you in the future."

Rep. Renè: It went well with me. I have a good wife and a child.

Rep. father: That's good to hear. I am glad that you are well.

(GW suggests the sentence, "You keep on living within me and within my child. And I will stand next to my brother. This is a good place for me. Please distinguish us two, and look at the dead (brother), too.")

Rep. Renè: You keep on living within me and within my child. And I will stand next to my brother. This is a good place for me. Please distinguish us too, and look at the dead (brother), too.

(GW puts Renè himself into the constellation.)

Renè (with tears in his eyes): I am very moved to finally see my brother. Actually, I imagined him to be small.

Rep. brother: I am also very moved. (Renè and the rep. of his brother embrace each other in a heart-felt manner.)

(GW suggests the sentence, "We are brothers and different from each other. You are older and I am younger.")

Renè: We are brothers and different from each other. You are older and I am younger.

(GW positions Renè and the rep. of his brother towards a—spatially imagined—future.

...

GW: Do you want to feel your parents again or is it good like this?

Renè: It is good as it is.

GW: Do you want to feel your position next to your wife, shall I position her? Or is it good?

Renè: It is good as it is.

GW: Thank you.

One noteworthy aspect of Family Constellation is that the family relationships relevant for therapy are not limited to current and living family members. They stretch back into the past, so that family patterns and relationships from an earlier time are often relevant for patients' current problems. This is exemplified in our second case study (Weber and Drexler 2002)⁶ in which transgenerational patterns of guilt are dealt with during the constellation:

Family Constellation Case Study 2: a troubled past

After several months of social withdrawal and separation from his partner, a 33-year-old man sought therapy after a suicide attempt. During the previous period of isolation he had developed paranoid ideas both of being persecuted and of being the persecutor. This period ended in the patient's attempt to cut his own carotid artery. At the beginning of therapy, the client showed no clinical signs of acute psychosis, but instead a heavy crisis of identity, low self-esteem, depressive symptoms,

and massive feelings of guilt, failure, and insufficiency. During a year of psychotherapy, several crisis interventions occurred. The father and younger brother of the client feared a relapse and another suicide attempt. During this year the client stabilized; however he also moved back to his parents' house and cancelled almost all other social contacts. He complained that he felt disconnected from his emotions (including his suicidal tendencies), his self in general, and "cut off" from something that he could not clearly name.

The client's goal for the constellation was to reconnect with other people again. During the session he arranged his picture of his family of origin: parents, younger brother and himself. All representatives reported they felt "out of touch" with their feelings. The representative of the father stood in a position from which he looked away from other family members. The therapists asked the client about any critical events in the family of origin. The father's two brothers had died in World War II. The grandfather had returned injured, having been shot in the belly. The family constellation facilitator (Gunthard Weber) let the client nominate representatives for these two uncles and the grandfather (all from father's side). Now the representative of the client bowed down in front of the three men. The two uncles felt acknowledged in their fate. But the grandfather said that no one should bow in front of him since he had done something terrible. Now the affective states of the representatives changed in an unusual and dramatic manner. All representatives of family members stepped back from the grandfather's representative and displayed strong anxiety. The client was asked about this, but he only knew that the grandfather was a euphoric participant in World War II. Representatives of victims of the war were laid on the ground as a test. The representative of the client showed strong empathy towards the victims while the representative of the grandfather remained "distant" and "cold". The representative of the client bowed down in front of the war victims. He also said farewell to the grandfather—who was placed a little aside from the family—and "deposited his guilt with him." The grandfather had shot two German adolescents, who in the last days of World War II had refused to defend their village against American soldiers. After the constellation, the client reported that when he was seven years old he had asked for the grandfather's army backpack as an heirloom. In addition to other things, the backpack

contained Adolf Hitler's "Mein Kampf" and an old pistol. This pistol was later used by the client in his suicide attempt. When the pistol did not function, he tried to use a knife. Following this constellation, the therapy continued for five more sessions, after which it was concluded. Two years later the client managed to finish his training as an engineer, began a new relationship, and "landed back in life". But he said the constellation was the hardest thing he had ever done.

Family Constellation work resembles a religious ritual much more strongly than does family therapy. People wait a long time (usually several months) to participate in one of these three- to four-day long seminars. An implicit message is conveyed that it is worthwhile to wait, because one will have important and long-lasting experiences. When the group starts, the therapist usually asks for a "concentrated", serious attitude. The participants know their own family work will only be a small portion of the three days; most of the time, they will empathetically participate in the work of others. So a gradual, intensive and long "warming-up" process happens, with participants' experiencing their own work as the climax of the event.

Typical interventions in Family Constellation work include the following:

(1) The therapist asks the representatives how they feel in a certain location, and assumes that their feelings convey important information about how the "real person" may have felt in this family. Sometimes the therapist hypothesizes that the representatives' reactions point to some hitherto hidden historical truths. For example, if a representative says, "I feel I have a knife in my back," the therapist may hypothesize that somebody in the family was physically attacked.

(2) The therapist may switch (re-position) the representatives in the constellation until "the picture feels right"—either to the client, or to the representatives, or to the therapist.

(3) The therapist may suggest to the protagonist to say to another person with whom he or she has been in conflict something like, "I bow to you", thus showing humility instead of hubris, which is expected to decrease tensions within the family.

(4) If the protagonist feels weak and ill-equipped to deal with the tasks of life, the therapist may ask other participants to take the roles of father, grandfather, great-grandfather etc. and to stand in a line behind the protagonist, thus giving him or her the positive feeling that "generations of my ancestors are standing behind me."

(5) If the protagonist appears "enmeshed" with present or past family members, the therapist may suggest

that he address that person with phrases such as, “I acknowledge all that connects me with you and I respect you,” “Now I leave the responsibility to you for all the things you did or did not do. I cannot carry it farther for you. It is too much for me,” “Now I will let you go and mind my own business”, etc.

Ritual Healing in the Central Himalayas

Ritual healing in the Chamoli District of Uttarakhand in North India is the subject of a recent monograph by Sax (2008), from which most of the following material is drawn. Hindu peasants in this region are challenged by a life of hard physical labor, uncertainties regarding weather and crop prices, the social tensions that are part of life in small villages, and the rugged Himalayan environment, with its limited access to health care (and no access to mental health care). Families usually consist of a senior male and his wife, their sons and their sons’ wives (who leave their natal families at marriage), and their children. This extended family model seems to be breaking down under the pressures of modernization, and there is some evidence that it was never typical of the lowest castes (Polit 2006; Sax 2008). Nevertheless the extended family is ideologically normative, and is very frequently encountered.

Typically, people have recourse to ritual healers when they are unable to account for the persistence of some affliction. Such afflictions are often physiological (persistent aches and pains, sleeplessness, sexual problems, infertility or failure to produce male offspring), but they also include economic failure, family quarrelling, failure in school, runaway children, and abnormal behavior. When such problems persist, or when local medical professionals are unable to diagnose or cure physiological problems, afflicted persons sometimes visit a local oracle representative who identifies the causes of the problem while “possessed” by a local god or goddess. These oracle specialists can be either male or female and any caste, though low-caste oracle practitioners are probably more common. Typical diagnoses include cursing, “poisoning” by rivals, the evil eye, or the continuing anger and malevolence of deceased family members. As anthropologists have often remarked, such etiological theories serve to relieve patients of shame and guilt, by attributing their personal problems to the malign actions of others rather than to some personal failing.

People usually visit oracles on Tuesdays or Saturdays, which are thought to be appropriate days for such activities, and if the oracle is popular one may have to wait some time while other clients take their turns. Each client has brought rice from their home, along with one-and-a-quarter rupees, wrapped in a handkerchief or other

clean piece of cloth. One removes one’s shoes and enters a simple room, usually with a dirt floor, where the oracle operator sits near the shrine of his or her possessing deity, often a small niche in the wall with incense burning. When one’s turn comes, one places the rice and money in the metal platter of the oracle, and the practitioner begins tossing the rice up and down in a rhythmic fashion, and is soon in trance.⁷

The language of the oracular consultation is remarkably “spatial.” Oracles (i.e. their practitioners) speak of “seeing” or “searching for” the path to the cause of the affliction, and this “path” usually leads them to some feature in the landscape, typically a shrine housing the afflicting deity. Most oracles claim that they actually do see a landscape, in which important landmarks are visible. Alternatively, an oracle may toss rice grains into the air and catch them in his/her open palm, interpreting the pattern of their fall. For example, if two rice grains are close together on the oracle’s palm and a third is somewhat distant, the oracle may suggest that there was a quarrel between two people on the one side, and a single person on the other. While this is going on, the oracle peppers the client with a series of questions, and usually one of the very first of these is, “Is the family united?” If the client answers, “No,” then the oracle has a clue that family disunity is the source of the conflict. If the answer is “Yes,” then the oracle will normally prescribe a collective family ritual. Typically, an oracle punctuates his or her words with questions like, “Do you have faith?” or “Do you believe in me?” to which the client enthusiastically answers, “Yes, I have faith—that is why I have come!” or words to that effect. Here is a short stretch of dialogue from an oracular consultation performed by Surendra from Gair Sain:

Garhwali Ritual Healing Case Study 1: an oracular consultation

(In the following, O stands for “Oracle” and C stands for “Client”.)

Oracle: Look, wayfarer, this inquiry is about a member of your family; you haven’t come bringing someone else’s question.

Client: Yes, my Lord.⁸

O: Look, it’s an inquiry about a person. It’s not a nursing babe, it’s not someone with an old body. It’s a tender young woman.

C: Yes, my Lord.

O: She’s not so sick that she’s lying on her cot. She’s mentally disturbed.

C: Yes, my Lord.

O: One profits from one’s deeds, wayfarer. It’s not a demon—it’s an affliction from one of your per-

sonal gods. Look, wayfarer, she's mentally disturbed, isn't she?

C: Yes, my Lord, yes.

O: Look, wayfarer, if the path doesn't emerge, then stop me from traveling.

C: Yes, my Lord.

O: Look, it's not the affliction of a crafty demon, it's not a little sprite. It's a divine affliction emerging in my platter, oh wayfarer.

C: But what kind of affliction is it, my Lord? When she's all grown up, then why is she afflicted? Why is she afflicted, when people are praying and singing hymns in the house?

O: Look, wayfarer, I have to seize the root [of the affliction]. She's not so sick that she's lying on her cot. Look, everyone in the family is afflicted, from the old to the young, aren't they?

C: Yes, my Lord.

O: Look, wayfarer, the woman is always afflicted, isn't she?

C: Yes, my Lord.

O: Look, wayfarer, it's not just one person, but the whole family that is afflicted, isn't it?

C: Yes, my Lord.

O: This inquiry is about the whole family, isn't it? And the first place there [in the platter] is that of a child.

C: I am so distressed . . .

O: Wayfarer, it's not so bad that they are lying on their cots!

C: No, my Lord, it's not like that . . .

O: Sometimes they are all right, sometimes they are disturbed . . . In my holy shrine, in my holy place, right now, one of the elder lines is estranged.

C: Yes.

O: Wayfarer, an estranged line is emerging, and it's not just your family, it's all three families who are disturbed! It's a collective shrine and look, wayfarer—a child is afflicted!

Afflicted persons typically visit two or three oracles in order to “triangulate” their diagnoses. Diagnoses are accompanied by “prescriptions” for healing rituals, and usually the oracle specifies both the type of ritual (exorcism, animal sacrifice, vegetarian sacrifice, etc.) and the type of healer (low caste or high caste, Hindu or Muslim). Healers are called “gurus”, a term that, in this context, does not mean “spiritual master” but rather “master of the spirits.” Gurus are always male. Larger, public rituals require the presence of family members, who often come from great distances in order to participate. Family unity is a central principle of the cult (see below), and this unity is strengthened when the family cooperates to put on an

elaborate ritual that may last for several days and involves feeding and caring for numerous guests. This unity is dramatically represented, for example when the family is literally bound together with a rope at the beginning of the ritual, while making a collective vow to complete it (see figure 2).

One very common diagnosis is that the family is being afflicted by a *hamkar*. The term derives from the Sanskrit word *ahamkara*, literally “I-ness,” which is associated with egoism, self-interest, and identification with the body (see Desai 1989:44–46). It is rather striking that this abstract philosophical term is so widely used in the context of ritual healing to designate egoistic, “individualistic” emotions that are at the same time dangerous and destructive supernatural forces. In most cases, the *hamkar* is the embodied envy of a person, living or dead, for others' children, land, success, etc. During the ritual, this feeling of envy is actually embodied, worshiped, placated, and exorcised, as in the following case study:

Garhwali Ritual Healing Case Study 2: hamkar puja

Three brothers lived together, and one of them had “no children” [i.e. no sons]. When he died, one of his brothers took over his land and gave it to his own son, who began to farm it. The deceased brother's ghost was already unhappy because he had no children, and became even more jealous and angry when his nephew began “eating his land.” He afflicted his nephew's wife: she had to have an operation, she broke her hand, she was afflicted with eye problems. They went to see many doctors, but despite her suffering no illness could be diagnosed. They consulted an oracle and discovered the cause, after which they summoned the guru. William Sax accompanied the guru and made the following observations.

At the beginning of the ritual, the guru marked the foreheads of all the participants (figure 1) with powder in order, as he later put it, “to purify everyone, to help them focus their minds on this work, to keep them calm.” Then he worshiped various gods and goddesses, and made a gruesome image of barley flour, with a large, protruding red tongue—this was the form of the *hamkar*. A tiny silver image, the form of the ancestor, was also lying there. Lying amongst the other ritual items was a handful of *kusha* grass wrapped in black cloth. This represented the “corpse” of the dead man. Initially, all of these things were worshiped along with the *hamkar*. Later, the silver image would be separated from them, and worshiped separately.

Everyone present was a member of the family; they were all descendents of the three brothers. After some time, the main client said aloud that he was worshipping the *hamkar* in order to dispel his suffering. He was the one who was given the land of his childless uncle, and farmed it. "I've eaten what I've eaten," he said, "but I do not want anyone else to eat this suffering! It was in my stars, but no one else should suffer this way."

The guru invoked the gods Bhairava and Ganesh, and told the family members to worship them with clear hearts, emphasizing that they should have no hidden or bad feelings. He recited a *mantra* for the sun god, and instructed the family that while he did so, they should think of the deceased man, the man for whom they have made the image, and ask the deities to help transform him into a proper ancestor. They should pray to all their other ancestors, too, and ask for help, and for peace. After many more *mantras*, he directly admonished the gruesome image of the *hamkar*, shaking his finger at it and saying,

If you give us relief, then we will worship you. But if you continue to give us trouble, then we will punish you! It doesn't matter if you are a man, a god, or a ghost. It's not right that we should worship you over and over! Of course we have made mistakes—human beings make mistakes, after all—but please accept this ritual.

In the midst of the guru's speech the main client (the one whose wife was ill) declared that he had done nothing wrong. The guru recited further *mantras*, during which the client's wife became possessed, but only very slightly. She leaned against the wall, eyes closed, moaning faintly, but not articulating anything clearly. The guru turned and threatened the ghost who was possessing her. "If you don't accept this worship," he said, "there is always another way!"

Then the client began to speak at length, and while he did so his brothers interjected, emphasizing again and again that this was "straight," and not the "crooked" form of the *hamkar* ritual. In the "crooked" version, the image is put in a dirty place, perhaps a crossroads where people will walk over him, or perhaps covered with feces. The guru later explained that while such a "crooked" ritual might work for a few months or even years, the *hamkar* always escapes and is then even *more* ferocious, more dangerous, than before. In any case they were doing the "straight" version now, and their emotions, said

the guru, were: "We are eating your land, but we will take your name and sing your praises, and you should be peaceful. You should be our ancestor, our god." Here is how the client spoke to the ghost:

We are worshipping you like a mother, and if you don't treat us like a mother treats her children, then you must be some other kind of god. You are my mother. You are my sister's daughter; therefore I am worshipping you the "straight" way . . . I have not asked this Brahman to do anything bad to you, so you should not wish anything a bad for us . . . whatever mistakes I did when I was young, please forgive them! I am making you an ancestor—please accept this worship! Don't make trouble! If by some chance it is not you, then tell us! Tell us what and who you are! If you are someone else [i.e. some ghost or demon from outside the family], then I've neither eaten nor drunk anything of yours, neither asked nor given anything. So, be peaceful! I've not stolen from you, nor have I taken anything. I'm only working this land and eating from it. If you tell me to get rid of this land, then I'll do that too. My soul is at peace; I am not deceiving you. If you are a goddess, then I'll worship you as such, with folded hands. The ritual is straight, it's not crooked. I swear, if I do the crooked puja, may it be like the sin of cow slaughter!

The client was talking a great deal, but his possessed wife was completely silent. In an effort to make the *hamkar* declare itself, the guru flung rice at her. He placed some incense in a censer and handed it to the client, who waved it in front of the woman, saying,

If you are my family goddess then say so, and still I'll worship you. But if you are someone else (i.e. not the *hamkar*), and you don't tell us who you are, then I will send you to a place where you will never be worshiped! Tell us—but if you're not going to tell us, then do not manifest here! And if you want to manifest, then tell us who you are! The *guardian* [he used the English word] of the family is here; if you don't tell him now, then whom will you tell tomorrow?

Soon they brought a goat, and while we were waiting, the client told us that he had also invited the daughter of the dead man. He said that he was doing everything in front of her, in her honor, so that no one would retain any bad feelings. Much to

the surprise of the guru and the anthropologist, she was in fact sitting there amongst us, and said that she had come to her natal village to join the rest of us in performing this ritual and asking the ghost of her father to heal the possessed woman's mind. Later while reviewing the recording, the guru said, "Who knows whether it is really the god, or the people—but at this point all the anxiety, fear, and negative emotions have been transferred to the goat," which would now be sacrificed. The clients turned to the guru and asked who should eat the sacrifice, to which he replied that none of them should. Only outsiders, those who constitute the "five witnesses", should eat the sacrificial meal. He told everyone to go home and have their dinner—they had no more work to do here. He circled rice over all of their heads, and tossed it on to the goat.

Now the guru, the main client, and several neighbors went into the rice fields to complete the ritual. This was done rather simply: a pit was dug in a particularly wet part of the rice terrace (it is important that a trickle of water flows into it), then the torn workbasket fragments, with the gods' and the *hamkar's yantras* drawn on them and their food placed on them, were tipped into the pit, and the guru poured the "water from seven sources" around it, so that the *hamkar* could not escape. The client took the dough-image of the *hamkar* in his hand, vowed to complete the ritual, swore that there was no anger or jealousy in his heart, nor in the hearts of his family members, and affirmed that they were at peace:

Oh my ancestor-deity, please remove whatever problems you have caused. If we receive peace, we will take your image to [the holy shrine of] Badrinath, we will immerse it there. Through the Brahman, in front of the five witnesses, along with my family, in front of everyone, I am doing your *hamkar* ritual.

The point of all this, explained the guru, was to pacify the *hamkar*. Now the goat was sacrificed and its blood poured into the pit, along with a small coin that was the "ritual payment" to the *hamkar*. The *hamkar* should lie undisturbed for three months, after which there would be another goat sacrifice, and then the ritual would be truly complete. But if the *hamkar* is disturbed in the meanwhile, there might be problems. Later, the guru explained that the *hamkar* was the "biggest deity" and more dangerous even than the fierce, blood-drinking *bahiyals*, even though their rituals are similar. They can "eat" (i.e., destroy) people, too, he said.

Therefore the overall mood of the ritual was, "Eat this goat, not us!"

As the example above shows, healing rituals including exorcisms are classed as either "crooked" or "straight." "Straight" rituals such as the one described include establishing a shrine to the afflicting deity in order to placate him/her, the periodic worship of a shrine that has already been established, and other forms of ancestor worship. Relatives, friends, and fellow-villagers are invited to such events, which often last for days and typically conclude with an animal sacrifice and feast. They can thus involve considerable expense for the sponsoring family. In such rituals, the family's unity and its hierarchy are clearly and publicly displayed, since at certain prescribed points in the ritual, family members must "dance"—the local idiom for "possession"—to the drumming and singing of the guru.

"Crooked" rituals, on the other hand, are performed secretly, or involve negative or aggressive actions. In the case study just described, the ghost of a family member was worshiped in a respectful, "straight" manner, but he was also threatened with a "crooked" ritual, should he refuse to accept the worship and end his affliction of his family. In other local rituals, individual persons send a god to afflict, and even kill, their enemy, but this is normally said to be an act of defense against the enemy's earlier spells. In general, such rituals exemplify what one might call "black magic": they are individual rather than collective; nocturnal and secret rather than daytime and public; and involve themes of separation and revenge rather than unity and cooperation (see Sax 2008, chapter 7).

Comparing the Two Systems

Despite their apparent differences, these two systems of ritual healing appear to have much in common. Let us go through these shared features, one by one:

a) Family unity is fundamental

In Garhwal, family unity is a therapeutic principle, a ritual principle, and a moral principle. It is a therapeutic principle because one of the most common signs of affliction—in other words, the problem that brings a person to a healer in the first place—is family disunity. Either the family is currently fighting, or oracular diagnosis reveals that the affliction is the result of previous quarrels where curses were uttered. Moreover, restoration of family unity is a sign that the therapy was successful. Family unity is also a ritual principle, because the actual performance of rituals works to restore family unity

and to effect reconciliation between quarreling persons or factions by compelling them to cooperate in the ritual. And it is a moral principle because the most dangerous kinds of affliction—those most recalcitrant to therapy—involve the violation of the moral imperative “Do not curse within the family!” However, because most stress/rivalry/feelings of injustice and exploitation take place within the family, cursing does indeed often occur there. When the family cannot be united through ritual, then family members sometimes resort to black magic, cursing, ritual aggression, etc.

In Family Systems Therapy and Family Constellations as well, the family is central. Both assume that many psychological problems have their roots in the family, and/or can be healed by re-ordering family relationships. This assumption is related to Systems Theory, according to which the behavior of the elements of a system is better explained by the relations between the elements than by internal properties (*Eigenschaften*) of the elements themselves. Therapists often observe that complex systems show behaviors that would never be displayed by the sum of their elements. Systems theorists call this “emergence”.

There is an ongoing debate amongst psychotherapists over whether family relations can ultimately be the cause of illnesses. This has to do with the danger of pathologizing families by characterizing them as “dysfunctional” or “pathological”. Early family therapy proudly replaced the pathologization of individuals by the pathologization of families. But by 1980, some persons—especially parents of “mentally ill” youth—protested against this notion. Modern systemic family therapists follow the constructivist/constructionist idea that family members together construct a reality that may be associated with improvements or worsening of illnesses/symptoms; however it does not consider them to be the sole cause of the symptoms.

b) Healing is collective rather than individual

Because of the moral and therapeutic centrality of the family, ritual healing in Garhwal is collective rather than individual. Disturbed family relations are often taken to be a sign of affliction, and even when such signs of affliction concern a single individual (e.g. abnormal behavior or individual misfortune), oracles often trace the cause to disturbed family relations. Healing rituals are nearly always collective family affairs, while “individual” rituals on the other hand threaten to cross the line into black magic and sorcery.

Family constellations include both individual and collective healing. They are collective, because they try to resolve individual problems by resolving family conflicts,

and in order to do this they employ a constellation group as “public witnesses.” Interestingly however, this group is not composed of his family members, but rather of strangers. Moreover these events often take place in distant cities, where nobody knows the client or his family.

Witnesses are also a central feature of many healing rituals in Garhwal. The witnesses are referred to as “the five” and are analogous to a village council. Their function is to “witness” to the fact that no black magic is being done; i.e. that the ritual is truly collective; that it is not individual and does not involve sorcery.

In classical family therapy, there are other features of “working in public”. All family members come together to therapy sessions. They often engage in so-called circular questioning that invites participants to make guesses about the relationships among other members who listen to those guesses at the same time (e.g. “John, when your parents disagree, will your sister take your mother’s or your father’s side?”). The therapist’s colleagues (often a team of two or three) may be watching the session through a one-way mirror and comment on what they hear to the therapist, who will pass these comments on to the family. These colleagues may even sit in the same room with the family and the therapist, and be invited to express their ideas about the conversation once or twice during the meeting. Such “public healing” approaches are still the exception in German psychotherapy, but an increasingly popular one. Other examples include group therapies (often from a psychoanalytic, psychodrama or cognitive behavior background) and network therapies (“family and larger systems meetings”), mostly influenced by a mixture of family systems and community psychology concepts.

c) Dead family members are of crucial importance

Family constellations are part of a “renaissance” in dealing with death in contemporary Germany. After World War II, death was excluded from public memory and attention. Dying people increasingly came to spend their last months or years isolated in hospitals and old peoples’ homes. Family constellation surged approximately forty years after the end of World War II, at a time when very different trends such as the wish to “die at home”, the hospice movement, and an increased interest in family biographies during the Nazi period all became prominent. In Family Constellation, deaths are re-enacted so as to understand their influence on our present life, and to make these influences clear, transparent, and conscious, so that one can “let them go”. Although Family Constellations in Germany encourage values like humility and respect for the elders and ancestors, and engage the clients

intensively with them during the constellation, the ultimate goal is to then “let go” of them (a frequent phrase used at the conclusion of a Family Constellation is, “Now I can let you go in peace”), in order to care for the living family (a frequent phrase is, “Now I go to my current family, work . . . etc.”), and thus ultimately to separate oneself from them (a frequent phrase is, “Now You remain and I go on.”). Thus, Family Constellation serves two purposes: it solves enmeshed and limiting relationships, and it promotes reconciled and supporting connection.

Ghost exorcisms in Garhwal are also occasioned by afflictions that are attributed to the dead, and here, too, the goal is to end the affliction by transforming the deceased ancestor’s “ghost body” to an “ancestral body.” Like classical Hindu rituals conducted by high-caste priests in Sanskrit, exorcisms in Garhwal do not seek to banish the ghost or make it go away, but rather to convert it into a benign ancestor who will nevertheless continue to be present at family rituals, festivals, etc. Ghosts are thought of as real beings who must be brought into proper relationships with the living—that is, relationships where they are benign rather than harmful. In Family Constellations however, the “ghosts” are only metaphors for the lasting effects of past actions: even Hellinger would not assert that “real” ghosts appear during these sessions.

d) Space and spatial relationships are central

For German scholars, it is hard to explain why spatial arrangements can evoke such strong emotional reactions, although the fact as such is not seriously disputed. Some theorists such as the psychiatrist philosopher Thomas Fuchs claim that spatial relationships between people, like distances (“how far away is she from me?”), relational positioning (“does he look towards me or away from me?”) and vertical positioning (“does she stand above or below me?”) represent a kind of “embodied knowledge” that, invariably and across cultures, evokes parallel emotional states, because they are part of our early childhood pre-language survival memory: little children depend on the proximity and attention of parental figures for their survival. But the “embodied knowledge” concept cannot explain how family secrets can be revealed through constellations (see below).

Space and spatial relationships are central to healing rituals in Garhwal, as well. The ritual sequence begins by consulting a healer, whose language is deeply spatial. The healer searches for a “path” to the source of the problem, and this “path” often leads to particular landmarks associated with earlier quarrels, typically shrines associated with the afflicting deity. A ritual must be conducted at precisely this place and no other, and the place determines

the selection of the ritual specialist, since only the guru associated with that particular shrine may conduct the ritual. In short, embodied or spatialized memories of family conflict are passed down through the generations, and in ritual therapy, these memories are activated and transformed in spatial terms. During the ritual, quarrelling parties or their descendants are required to make amends, forgive each other, and worship together, thus ending the affliction.

e) Secrets from the past are revealed

In Family Constellation the representative, by virtue of being at the place he is located, experiences certain family dynamics that have (almost) nothing to do with his own experiences outside the constellation. He or she becomes a kind of “medium” for hitherto hidden emotions, connections and sometimes, historical facts. Some facilitators even claim that family secrets like abortion, abuse, child neglect, war cruelties, or even crimes, whose acknowledgment had been prevented by a taboo, are revealed in Family Constellations by exploring the experiences of the representatives. Referring to Sheldrake’s concept of a “morphic field” (2001) this phenomenon is called “the field of knowledge” or “knowing field” (Mahr 2003). Such theories are perhaps the most controversial aspect of debates about Family Constellation in Germany, partly because such allegedly empirical facts cannot be explained with accepted scientific paradigms for communication and memory. Indeed, some participants in family constellation seminars occasionally conclude from their experiences that there really are supernatural forces involved.

Divine knowledge of past events is part of Garhwali ritual healing as well, but this occurs in culture where the existence of all kinds of divinities is taken for granted, and in which possession by gods and spirits is commonplace, so that the adjective “supernatural” hardly applies. Although skepticism regarding particular oracles is common (see Sax 2008 chapter 3), few people question the *theoretical* possibility of oracular knowledge. In this respect, there is a clear difference between Germans’ and Garhwalis’ theories of ritual efficacy.

f) Conservative morality

The philosophy of Bert Hellinger (1994), the founder of Family Constellation, is that we all share a natural (inescapable and universal) extended “clan consciousness” that is effective even if we are not aware of it. Clan relations are ruled by certain “orders of love” that may not be violated. One example is “the primacy of the elder”: the idea that one must pay respect to those who were

there before one. Another example is humility: one must not be presumptuous, claiming privileges that one is not entitled to. In Hellinger's philosophy, violating the "order of love" may produce negative symptoms. Consequently, excluded family members, traumatic past events from previous generations such as rape, killings etc., as well as other transgenerational patterns continue to have effects in the present, and may produce symptoms in a family member who lives today. This is why Family Constellation often looks for family relational conflicts up to four generations in the past. The approach stirred strong conflict among family therapists and the public, particularly in Germany, where it originated. It was criticized for Hellinger's authoritarian position ("I know what is the matter with your clan (German *Sippe*)"), for his "conservative" or even "reactionary" family values ("The wife should follow the husband and the husband should serve the feminine"), (for its large group design (Hellinger held workshops with up to 1000 people in huge auditoriums), and for the lack of continuity in therapeutic assistance (therapeutic follow-up after these dramatic single-session-events was not assured). In short, the conservative morality that observers interpret as being so fundamental to Hellinger's system was not well received by the modern German public and led to a distancing of many constellation facilitators.

The resolution of dysfunctional family relationships in Garhwali ritual healing also involves re-establishing traditional family roles, thereby exemplifying a conservative, patriarchal morality. This is perhaps most clearly seen in the relationship between young brides and Bhairav, who is the most widely worshiped god in this tradition. It is said that Bhairav defends the weak and powerless, and in this society young brides, who are required to move into their husband's homes after marriage, are in a very powerless position. Above all, it is the young low-caste bride, disadvantaged because of her gender, her caste, and her position within the family, who is the structurally weakest person in society. Many songs, legends, and stories make it clear that it is precisely this figure that is the favored object of Bhairav's affection and protection. He is said to love her above all others, to travel with her when she moves from her natal village to her husband's home, and to protect her from harm there. And yet in many stories related by local persons, it is precisely such women who are afflicted—sometimes terribly—by the god, and the reason for this affliction tends to follow a familiar pattern: exploited and abused in her husband's family, and lacking any other solution, the young bride violates a moral boundary and curses her family members with affliction by Bhairav, sometimes even going to the god's shrine in her natal village to do so. Typically, she curses an abusive

mother-in-law, and her own husband (who is after all the mother-in-law's son) or children are afflicted as a result. The only solution for such a woman is to beg for forgiveness, perform a ritual of reconciliation, and resume her role as a docile, obedient wife and daughter-in-law.

Analyzing Ritual Efficacy

Quack and Töbelmann (in this issue) give an interpretative schema for making questions about ritual efficacy more precise. How can our results be located within that scheme? To begin with, since this is a scientific paper it is the researchers who, in the first instance, ascribe efficacy to healing rituals in Garhwal as well as Family Constellation in Germany. We assume that clients (*the efficiendum*) are transformed from states of illness into states of health by means of ritual (*the efficiens*). We use the word "potentially", since the aim of this paper is not to give clear-cut and well-defined outcome-criteria, which could be variable (and would be necessary for empirical psychotherapy research, which has not yet been done for family-constellations).

Our answer to the question, "Who or what is held to be efficacious in the ritual?" is, |Participation in the event." In the case of Family-Constellation, one needs to remember that the clients' own rather short constellation is embedded within a two- to four-day workshop. Exchange with other participants, observing several other constellations, being a "representative" in other clients' constellations, and the general atmosphere may evoke and suggest experiences and narratives that reinforce the clients' beliefs in the efficacy of constellations. One of the insights of Quack and Töbelmann's approach is therefore the realization that the clients' own constellation should not be seen as the sole *efficiens*.

In Garhwali ritual healing, too, the *efficiendum* is the client who comes to a healer, and while one might say that the *efficiens* is "the ritual in which he participates," it is rather more complicated than that. According to the patient, the real *efficiens* is one of the local deities, who intervenes to stop the affliction (which he has often caused himself). The anthropologist, on the other hand, is likely to ascribe causality to a change in social relations or mental state, or in both. Ultimately, it is difficult and perhaps even impossible to reconcile these two kinds of explanation

In what *sphere* or on what *level* are Family Constellations efficacious? From our perspective Family Constellations—as psychotherapeutic methods—are efficacious at the *individual psychological level*. They are supposed to directly change the client's representation of his or her historical and/or current family-system and thus to indirectly improve his or her situation. Although collective issues (historical and current family structures and sig-

nificant events) are addressed in Family Constellations, actual family members are usually absent. In this sense, Family Constellation is markedly different from classical Family Therapy (and from healing rituals in Garwhal), where family members actually take part in the therapy sessions. We heard of some cases, where clients confronted their family at home with new “insights” and “truth” from a constellation workshop about the past or present situation of the family, and the problems actually got worse! Whether or not Family Constellations actually do have effects upon the whole system (on the collective level) has not yet been researched. The fact that such techniques may be efficacious on a psychological level does not exclude the improvement of physical symptoms as well, since the bulk of research about psychosomatic medicine, psychotherapy, placebo effects etc. clearly indicates that a strict body-mind separation can no longer be defended. However we would not go so far as to claim, like some practitioners, that constellations can cure severe diseases (e.g. cancer).

With regard to the sphere in which Garhwali ritual healing is effective, we hypothesize that the “spheres” of individual and family are not so strictly separated as in Germany, and that healing one of them has significant effects on the other. Whether “supernaturally”, “socially” or “biologically” caused, the symptoms are in most cases both individual and familial, so that the efficacy of the healing pertains to both levels.

In this paper we compared Garhwali healing rituals with Family Constellation and saw that in both cases the ritual *process* consists of spatially identifying, performing and reconfiguring dysfunctional family relationships, so as to address problematic relationships within families. In both ritual processes, participants are invited to acknowledge actual and past conflicts, and to reconcile with each other according to a conservative morality or “order”.

Conclusion

Sax has argued elsewhere (1990, 1991, 2002, 2006) that rituals are efficacious primarily because they create and define social relationships. One of the clearest examples of this is a public ritual in which a certain image of society is represented, defined, and embodied. By participating in such rituals, people give implicit assent to this representation. In processions, for example, objects representing the fundamental values of society—the flag, the cross, the sacred relic—are carried and displayed as if to say, “These are our highest values.” Social relationships are also on display. Political and religious officials lead the procession, or they ob-

serve it from their platform on high. Who goes first? Who goes last? Who has an escort? Who walks alone? Who wears a uniform? All of these details are important, because they represent and create a set of actual, or ideal, social and political relationships that are embodied in the ritual. The order of the procession is, in short, the order of society, with its hierarchy and its power relations, and in publicly representing this order, the participants give it legitimacy and make it real (cf. Kertzer 1988).

Political party meetings are another example. Who speaks first? Who speaks last? Who gets the loudest applause? Who is defined as speaker, and who is defined as listener? When is the music played? What objects are displayed on the stage? What insignia are worn by the party faithful? Such rituals are carefully staged in order to represent a certain order, a set of power relations, a vision of the party and its internal hierarchy. This dramatic staging becomes ever more important our age of mass media, when hundreds of thousands, even millions, of people witness the ritual on their television screens. In a certain sense, “the Party” as a concrete *thing* exists only during such public rituals, which thereby define and, in a certain sense, create it. One could make the same argument about the Catholic Mass, the opening of Parliament, the graduation from school or university, or the wedding. In all these cases, public rituals represent and legitimize the relations that constitute our social life, and in doing so, they create them. By participating in the ritual, one gives one’s implicit assent to the political order, one affirms it. The only way to sabotage such a ritual is to stay away, or to organize a counter-ritual that represents society in a different way. As the social psychologist Thomas Szasz has written, “In the animal world, the rule is: Eat or be eaten. In the human world, the rule is: Define or be defined” (1974: 20). To put it in a nutshell, rituals dramatically and authoritatively represent some condition or state of affairs, and by participating in the ritual, members of the community affirm the truth of this representation.

Something very similar to this is happening in the forms of ritual healing we have discussed in this essay. Disrupted or dysfunctional family relationships are identified and then publicly and ritually re-configured. The participants are invited to acknowledge conflicts present and past, and to reconcile with each other. Despite the great cultural distance separating the two types of ritual, and the undoubted differences between them, they still have much in common: family unity is a fundamental principle; healing is collective rather than individual; the dead are of crucial importance; space and spatial relationships are central to the dramatic representation of family relationships that is at the heart of the ritual; se-

crets from the past are revealed; and both systems advocate and seek to impose a conservative social morality but also suggest new avenues and possibilities of action and

relationships. In both systems, “proper” family relationships are restored by means of ritual, and this is the principle of efficacy that lies behind them.

Endnotes

1. The authors of this article would like to thank the German Research Council for supporting the research that led to this paper. We would also like to thank Dr. Gunthard Weber, M.D. for introducing us to the art of doing skillful family constellations.

2. “Es geht hier nicht um ein Ritual, sondern um die tiefe Überzeugung,” (http://www.tagesschau.de/aktuell/meldungen/0,1185,OID4983142_TYP1_NAV_REF1,00.html), (<http://www.sueddeutsche.de/deutschland/artikel/961/64897/print.html>).

3. One is reminded of the Victorian anthropology of E.B. Tylor, whose search for customs that no longer served any useful function—what he called “survivals”—was motivated by the desire to root them out.

4. Notions of “family” have changed greatly in Western Europe over the past decades. Many contemporary families in Western Europe experience divorce and reconstitution with “step-children”,

and many couples no longer marry, even when they have children together. Therefore, “family” is now defined as “the existentially relevant system of relationships” (Stierlin 2005: 7).

5. This case study exemplifies family constellation work with deceased people. It has been translated from German into English by the authors from Weber (2005, p. 150–156).

6. This case study has been translated from German into English by the authors from Weber and Drexler (2002, p. 243–247).

7. This is a simplified and schematic sketch of an oracular consultation. Oracular techniques for the auto-induction of trance vary, but usually involve rhythmic movements of rice. For the connection between percussion and trance, see Needham 1997, Rouget 1985).

8. The client used the term “Bhagwan” or “God”, here translated as “my Lord.”

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