

# SPIRITS *captured in* STONE

*Shamanism &  
Traditional  
Medicine  
Among  
the  
Taman  
of  
Borneo*



Jay H. Bernstein

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Traditional Medicine  
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*To my parents, and to the memory of Kenneth W. Payne*

# Preface

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Fieldwork is culturally subversive. It temporarily detaches one from one's own way of thinking and doing, yet it never entirely connects to an alternate one. It fosters one's imagination about both. The better one empathizes, the better one does ethnography, yet full absorption and empathy within another world would inhibit social insight. For these reasons, one could argue that anthropology . . . is a tragic discipline in that it goes far to isolate and alienate its practitioners from full conviction in their own mode of thinking and doing.

—*T. O. Beidelman* (1993, p. 214)

As a graduate student wanting to master the literature on Southeast Asian ethnography and hoping someday to make an original contribution to anthropology, I came across two books written in the 1950s by W. R. Geddes on the Land Dayak people (now known as Bidayuh), who inhabit an area in western Borneo including parts of both Sarawak (Malaysia) and West Kalimantan (Indonesia). I was intrigued by these books and eventually resolved that I would undertake a full-scale ethnographic study of the Bidayuh, concentrating on questions of medical knowledge and rationality and using the perspectives of cognitive anthropology, the sociology of knowledge, and the situational analysis of case histories. Shamanism was mentioned only in passing in my proposal, and I fully expected to concentrate on folk medicines made from natural materials. I make no apology that this book, finished many years later, takes a different outlook from the one I originally proposed. All experienced anthropologists know that anything they write in their proposals turns out, one way or another, to be unworkable, uninteresting, or wrong by the time they get to the field. Furthermore, anthropology itself has moved ahead since 1983. Although much of this is a matter of styling, fads, and new words for old ideas, there is more to it than that. Theoretical approaches concerning many issues such as gender, material culture, performance, medical aesthetics, medical discourse, and embodiment have matured greatly in this time, and I have tried to relate my find-

ings to some of these developments. At the same time, I recognize that the important and enduring questions of belief, knowledge, and reality are still with us in social and medical anthropology, and that it is better to confront these issues than to get carried away by fads.

By the time I wrote my research proposal, I had ascertained that Sarawak was closed to foreign researchers, so I proposed to do a study of the Bidayuh in West Kalimantan. In September 1984, after taking an advanced course in the Indonesian language at Satya Wacana Christian University in Java, I traveled throughout most of West Kalimantan in search of a suitable locale for a project on cognitive processes and knowledge domains in traditional medicine. I was unable to visit any Bidayuh settlements, but a minister from West Kalimantan who was finishing his thesis on the Taman for a degree in theology from Satya Wacana and who was married to a Taman woman arranged to take me to some Taman villages. During these brief visits, my interest in these people was stimulated both by their traditional village life and by what I was learning about their folk healers, so I settled on doing my work among the Taman. The main fieldwork was carried out from late 1985 to early 1987 and from mid-1987 to early 1988. This book's ethnographic present corresponds to those periods of time.

My research was funded by an International Doctoral Research Fellowship from the Social Science Research Council with the American Council of Learned Societies and an Individual National Research Service Award from the National Institute of Mental Health. I gratefully acknowledge the financial support of these organizations and from the Graduate Division of the University of California, Berkeley, and the Luce Foundation. I was sponsored by the Bureau of International Relations of the Indonesian Institute of Sciences (Lembaga Ilmu Pengetahuan Indonesia), through the Center for Environmental Studies (Pusat Penelitian Lingkungan Hidup) of Gadjah Mada National University. I thank the center's director, Sugeng Martopo, and its secretary, Djalal Tandjung, for their backing. Michael Dove was especially instrumental in helping me realize my goal of carrying out this study, and his moral support over the years since then has been a sustaining force. I also thank the faculty of Tanjungpura National University for their help and advice.

I am deeply indebted to all my informants, who must remain anonymous. (I have replaced all personal names with pseudonyms in the text.) However, it would be ungracious of me not to thank by name my fine hosts, F. Gunding and family in Sibau Hilir and M. Layang and family in Tanjung Lasa. I also thank the Reverend A. Iking and his family in Putussibau for their hospitality, which made my continued research possible. His church, the Gereja Kalimantan Evangelis, facilitated my work in countless ways. Cornelius Kimha in Putussibau and Dharsono in Pontianak were true friends through thick and thin, when I was beset by desperate problems in the field. The favors and cheerful correspondence of John McVey and David

Rosenthal helped me preserve my affairs at home as well as my sanity during that time.

I am grateful to the friends, teachers, and colleagues who read early versions of the text and whose critiques and suggestions for revision helped me improve it: James N. Anderson, Burton Benedict, Jeanne L. Bergman, Donald E. Brown, George A. De Vos, Marco Jacquemet, Ondina F. Leal, Lyn Lowry, Mary Porter, Lesley Sharp, Amin Sweeney, and Robert L. Winzeler. I thank the University of Kent at Canterbury for its institutional support and especially Roy Ellen for all he has done for me. I am also indebted to Yvette Mead for her assistance with a translation and to Nicole Bourque, whose brainstorming led to the book's title.

An earlier debt is to the late Kenneth W. Payne, who became my mentor in 1978 and was my closest friend for the next ten years. To a great extent he set my work in a certain direction, and his loyal backing from the beginning helped make it possible for me to pursue a career in anthropology.

I am forever indebted to my parents, Joseph and Flora Bernstein, for their enduring love, support, patience, and faith in me when the chips were down. Finally, I acknowledge my gratitude to Budi Bernstein, Jordan Bernstein, Jason Bernstein, and Bruce Bernstein.

*Jay H. Bernstein*



# *Note on Transcription*

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Taman pronunciation is similar to that of the Indonesian language, which has been described by Echols and Shadily (1989: xiv–xvii), and with a few exceptions, it may be adequately transcribed using standard Indonesian orthography. These exceptions are the use in Taman of elongated /a/, /i/, /l/, and /o/ sounds, represented here by /aa/, /ii/, /ll/, and /oo/, and the glottal stop, represented by /'/. With these exceptions, I have transcribed Taman speech as I would Indonesian.

The major drawback of using conventional Indonesian transcription is that it does not account for the variety of pronunciations of /e/. Sometimes it is *ɛ*, as in *bed*. (This pronunciation is used in the word *balien*.) Other times it is *ə*, like the first *e* in *decide*. Unlike the pronunciation of the word prefixes /me-/ and /meng-/ in the Indonesian language, the /e/ in these prefixes is intermediate between /ə/ and /a/. At the end of a word it is *E*, as in *say*.

Barring these irregularities, the rest of Taman orthography is straight-forward.

## *Vowels*

/i/ high, front, unrounded, close; like *ee* as in *feel* but shorter

/a/ low, central, unrounded, open; like *o* in *rock*

/o/ mid, back, rounded, open; like *o* in *fold*

/u/ high, back, rounded, close; like *oo* in *tool*

## *Consonants*

/b/ voiced labial stop, like *b* in *bar*

/c/ alveopalatal fricative, like *ch* in *charge*

/d/ voiced alveolar stop, like *d* in *David*

/g/ voiced velar stop, like *g* in *girl*

/h/ voiceless glottal fricative, like *h* in *how*

- /j/ voiced alveopalatal fricative, like *j* in *jump*  
/k/ voiceless velar stop, like *c* in *car*, but without puff of air  
/l/ voiced alveolar lateral, like *l* in *lemon*  
/m/ voiced labial nasal, like *m* in *mountain*  
/n/ voiced alveolar nasal, like *n* in *name*  
/ŋg/ voiced velar nasal, like *ng* in *sing*  
/ny/ voiced palatal nasal, like *ny* in *canyon*  
/p/ voiceless labial stop, like *p* in *lip*, but without puff of air  
/r/ voiced velar trill, like *r* in *very British*. N.B. Malay pronunciation is trilled as in French *rêve*.  
/s/ voiceless alveolar fricative, like *s* in *send*  
/t/ voiceless alveolar stop, like *t* in *let*, but without puff of air  
/w/ voiced labial semivowel, like *w* in *wow*  
/y/ voiced palatal semivowel, like *y* in *yell*

In Taman as in Indonesian, the accent usually falls on the penultimate syllable. Thus, the word *menyarung* is pronounced me-NYA-rung. However, the word *balien* is pronounced with stress on the final syllable or shared between the first and the last syllable.

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# *Introduction*

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## **The Taman Balien**

This book examines the healing practices of the Taman, an ethnic group of 4,500 people living in the interior of Indonesian Borneo. In particular, it focuses on the objects, practices, and activities of certain shamanistic healers called *balien* and the concepts underlying this institutionalized folk-medical occupation. The Taman believe that many illnesses—both major and minor—originate in the work of spirits. Baliens can treat only those illnesses; however, treatment by a balien may be all that is available to the ailing person without leaving the Taman village.

The balien treats illnesses presumed to have been caused by spirits that have attacked or disturbed a person's soul. In some cases, the soul is thought to have left the person's body and been taken away by a spirit. The balien is able to feel disease-objects and remove them from the body; to see, hear, and catch spirits; and to locate, capture, and replace lost souls. The use of medicines in balien treatments is secondary to the use of special healing stones, which occupy a central role in all the balien's techniques. These stones are considered by the Taman to have magical powers and to be of miraculous origin, and the crux of the balien system lies in their mystery.

The balien's repertoire consists of seven ceremonies, ranked in order of their level of advancement. No one but a balien may perform any of these ceremonies. The balien is compensated for his or her work but does not subsist on payments. Outside the performance of these ceremonies, the balien is not differentiated from any other Taman adult and has no particular advantages or disadvantages.

Most remarkable about the balien system is that the highest of the balien's ceremonies is the inauguration of a patient as a balien. The predisposing condition of the balien is not caring for the sick but rather suffering illness: The balien has been transformed from a sick person and the subject of treatment into a healer. From the Taman point of view, the person initiat-

ed as a balien has been transformed not so much in social status as in metaphysical status because of his or her intimacy with the spirit realm, indicated by the ability to see, hear, talk to, and interact with spirits.

The Taman believe that baliens have an involuntary vocation or destiny for entering this special healing role. They are believed to have been afflicted by a dangerous illness, not curable through conventional (nonbalien) means, as a result of spirit seduction. Bodily ailments suffered before initiation are reinterpreted as "disturbance" from a spirit who has singled the person out for victimization. Visions, dreams, preoccupations, and delusions are indications that the person has been charmed or seduced sexually by one or more spirits. In treating this illness, a ceremony is held in which a minimum of two baliens invite the various spirits from the surrounding area to descend and then "catch" them by tapping them with leaves, thereby turning them into stones. Events following this ceremony, such as the return of the illness, determine whether the person must be initiated as a balien. The balien's initiation repeats the preceding ceremony on a grander scale, producing more stones from the concrescence of wild spirits. The stones collected in both ceremonies are given to the novice balien, who uses them in treating illnesses.

While the balien institution is unique to the Taman in its particular details, it is also a specific instance of a more widespread phenomenon, shamanism. In the following sections, I shall describe the state of knowledge about shamanism in general and the various theories and debates about its meaning and nature that form the context of a detailed study of the balien and Taman traditional healing.

### **Shamanism in General**

Definitions of shamanism have been much disputed. The term is most commonly applied to symbolic or magical healing and is related to the idea that illness is caused by spirits or harm to the soul. By this definition, a shaman is a healer who effects cures through the flight of the soul and contact with spirits. Dissent arises because the terms "shamanism" and "shaman" are sometimes applied to matters other than the cure of illness. The keys to the definition of shamanism are soul flight and the use of spirit-helpers, who give the shaman his or her powers. (A shaman may be a man or a woman, or, in rare instances, a boy or a girl.) However, the shaman's body is not taken over involuntarily by the spirit-helper; instead, the shaman controls the contact with the spirit-helper.

The work of the shaman is conducted in a frame of mind that the historian of religions Mircea Eliade (1964) calls "ecstasy." This term has generally been replaced in the more recent literature by "altered states of consciousness," which subsumes "trance," "spirit possession," and "dissociation" (see Bourguignon 1965; Atkinson 1992). For Eliade, the particular

technique of ecstasy in which the shaman “specializes” is “a trance in which his soul is believed to leave his body and ascend to the sky or descend to the lower world” (Eliade 1964: 5). I. M. Lewis’s (1986: 86) observation that shamans can master (or fight) spirits “in this world,” as well as in worlds above or below the one in which humans ordinarily live, is pertinent to the Taman case. Whether or not the shaman’s soul travels to a world located on a different plane of reality, it is experienced by leaving the body and meeting spirits.

A further point in the definition of shamanism, emphasized by Åke Hultkrantz (1978: 33–38), is that the shaman labors as an intermediary between spirits and humans, on behalf of a human interest.

The word “shaman” itself is derived from Tungus, a Siberian language. As Eliade (1964: 4) says, “shamanism in the strict sense” is pre-eminently a Siberian and Central Asian phenomenon; however, it has spread around the world. The universal importance of animal spirits in shamanism strongly indicates a link with a hunting adaptation (Hultkrantz 1978), and this fact suggests that shamanism played a great part in the evolution of religion, particularly cosmology (see Riches 1994; La Barre 1972).

The widespread prevalence of shamanism among traditional peoples on six continents has enabled this phenomenon to be studied comparatively in both anthropology (Lewis 1971; Winkelman 1992) and the history of religions (Eliade 1964; Hultkrantz 1978). The anthropologist Jane Atkinson (1992) has recently summed up the literature in her essay “Shamanisms Today.” As the title suggests, it may be misleading to universalize about shamanism. Shamanism is associated with several distinct functions, not all of which are present in every instance of shamanism. For example, Hultkrantz (1978: 35–37) identifies five main tasks of the shaman that are associated with various roles: doctor, diviner, psychopomp, hunting magician, and sacrificial priest. This complexity of the shaman’s role may be attributed to the fact that the shaman is the sole magicoreligious practitioner in simple band societies and as a result must wear several hats.

### **Approaches to Shamanism in Anthropology**

Confusion about shamanism has resulted from the fact that some practices have wrongly been identified as shamanic. Even discounting these errors, there are many kinds of shamans. Anthropologists who study shamanism within a specific setting often give it a particular slant; in so doing, they are perhaps being influenced by their theoretical presuppositions and attitudes. For example, a number of anthropologists who have studied shamanism—such as Dale Valory (1970), who examined the Yurok Indians of California, and Vinson Sutlive (1992), who observed the Iban of the Sibu district in Sarawak—have stressed the psychological deviance of the shaman. In his account of Iban shamanism in the Saribas area, however, Robert Barrett

(1993) emphasizes dramatic performance, following the work of Bruce Kapferer (1991), an anthropologist who studied exorcism and spirit possession in Sri Lanka. Jane Atkinson not only emphasizes the importance of dramatic performance in her study of shamanism among the Wana on the Indonesian island of Sulawesi (Atkinson 1987) but views the institution of shamanism as an instrument of political authority (Atkinson 1989). Anna Tsing, in her book on the Meratus of South Kalimantan, follows an approach to shamanism similar to Atkinson's, stating that

shamanic spirituality is a key site for the negotiation of Meratus politics. Shamanism forms an important marker of authority within Meratus communities. Shamans distinguish themselves as people worth listening to. They understand power—whether the violence of the military, the ritual of administration, or the magic of religion. They combine authoritative knowledge, articulateness, and the ability to draw an audience; they are thus leaders. (Tsing 1993: 230–231)

In Tsing's (1987) early account of a Meratus Dayak woman shaman, Uma Adang, the status or role of shaman provides a legitimizing soapbox for a creative and eccentric prophet. Tsing's theoretical perspective on Meratus shamanism has since changed drastically. In a subsequent study she describes the same shaman as epitomizing "the postmodernism of marginality" (Tsing 1993: 254). Another such woman is likened to "a structuralist critic," or perhaps a "poststructuralist," since she "deconstructs the taken-for-granted grounds of shamanic representation" and "exposes the gender biases of its excesses and its marginalia" (Tsing 1993: 240). The characterization of Meratus shamans as postmodernist, poststructuralist, and postfeminist is perplexing, but the notion that shamans, especially female shamans, are critics of society is a standard, if partial, explanation for shamanism.

This idea has been developed most notably by I. M. Lewis (1971), with a view toward explaining the social makeup of participants in shamanism and spirit possession. (His discussion of practices conducted mainly or exclusively by women is pertinent to the case at hand, since about 90 percent of Taman baliens are women.) Lewis argues that beneath their apparent concern with disease and its treatment, women's possession cults actually function as "thinly disguised protest movements directed against the dominant sex, [and] thus play a significant part in the sex-war in traditional societies and cultures where women lack more obvious and direct means for forwarding their aims" (Lewis 1971: 31). According to Lewis, shamanism and spirit possession are oblique but deliberate strategies that may be used to express dissatisfaction with social norms that denigrate women. Through possession or membership in a shamanistic group, a woman can ventilate a grudge against a particular man and gain respect, economic security, or luxury goods she might not otherwise acquire. Women's possession cults are characteristic of rigidly patriarchal societies, in which women are subordinated to men, but they are part of the larger phenomenon of cults focusing

on the downtrodden strata of society. In societies in which women are not thought of or treated as inferior to men, women do not dominate these cults, and men, especially those who are subordinate or marginal, take part to the same extent as women. Thus, the focus of possession cults may shift over time.

Lewis's hypothesis cannot explain the balien complex with its predominantly female composition. Like traditional Southeast Asian society in general, Taman society is relatively egalitarian with regard to women's status. Baliens treat patients of both sexes, and men as well as women may be treated for illnesses identical to the balien's predisposing illness. Both men and women resist becoming baliens, and men's illnesses are most often resolved before it becomes necessary for them to proceed to the level of initiation. Baliens are mainly healers for the community, and with the exception of an apparently obsolescent ceremony to remove the souls of the dead, they have no broader powers of religious leadership. The spirits causing illness that are used in shamanism are not worshiped in any way, nor are baliens their devotees. Rather, the spirits are, in Lewis's terms, amoral nature spirits, peripheral to the system of morality. Baliens gain little in material terms from their activities; they are neither revered nor despised; and they do little to suggest that they take pleasure in their work. Rather than consciously using illness to attain a more comfortable or powerful lot in life, those who become baliens give the impression of passively accepting their fate. For this reason, it is important to examine the deeper, unconscious processes contributing to the psychology of the balien.

I agree with Atkinson (1992) that it is necessary to be cautious in generalizing about all shamanism and that we should speak of *shamanisms* in recognition of its multiplicity of forms. Although I do not give priority to the role of performance and drama in my analysis of the Taman balien, I do take account of these aspects and think that they are essential to understanding the efficacy and sense of reality in balien ceremonies (see Chapter 7). Political power, however, seems to be far from the concerns of balien activities or the members of the balien group. (The possibility that balienism was once more closely related to power is discussed in Chapter 8.) And it would be difficult to convince me that anything about the Taman balien—ceremonial performance, ritual speech, illness, or therapy—is an expression of social protest, criticism, or commentary. I do not deny that these themes may be present in shamanism elsewhere in the world, but it would be misleading to apply them to the Taman.

### **Components for an Explanation of the Baliens**

Which approaches and perspectives are important in understanding Taman shamanism? First and foremost, I place Taman shamanism within the category of "medicine." This does not mean that Taman balien practices can be



superimposed unreflectively over a Westernized model of medical practices or that they have the same meaning as medical treatments in Western society. Although the primary purpose of balien practices is defined as “curing” states of being thought of as illness, their meaning must be understood in the context of Taman society and culture. A balien’s clients seek a healing service, not hunting magic, fortune-telling, or sacrificial propitiation.<sup>1</sup> Thus, from the point of view of the Taman villager, the balien is in a category that includes folk healers, trained medical practitioners, and others who dispense folk, patent, or pharmaceutical medicine. A sick person or the members of that person’s family select either a balien or another kind of healer or medical practitioner. An example of a man’s medical biography illustrates how for the Taman the balien phenomenon is integrated into a medical field.

A man named Ontah said that on three occasions he had been so sick that he believed he would die. In each case he was treated first in the public hospital, staying there and receiving medication until he gave up hope. The first time, when he was a bachelor, he even went to Pontianak for treatment in a hospital, being treated with medicine for worms, but to no effect. Next, he was treated by a Malay shaman, who gave him an amulet and captured his soul in the water. During the second spell of illness, in 1976, he had to spend three weeks in the hospital at great expense to him, even though his condition did not improve. The doctor held out no hope for him, so he returned home. Next, he was treated by a Malay *dukun* in Kedamin with a treatment called *tepas* (see Chapter 3). This treatment did not cure him either, so he went to a balien in his own village, who performed *bubut* and *malai*, and also treated him with *sangka*’ (antidotes) in case he had been poisoned. In his most recent bout of illness he received injections about eight or nine times. He was also treated by a *dukun* before going to a balien. The *mengadengi* ceremony was performed for him. Although he told me that he had no intention of becoming a balien, he said that if his illness ever returned he would have no choice but to do so. By the time my fieldwork ended people in the village were saying that Ontah would soon be inducted as a balien.

Because balienism must be understood in the context of a broader ethnomedical domain, I devote Chapter 3 to a variety of medical practices and treatments that supplement or contrast with (if not oppose) the balien’s methods.

The balien system, like the other folk-healing practices known to the Taman, is medical in the sense that it comprises socially organized and culturally understandable response to illness, suffering, and bodily harm. The system of knowledge underlying the balien institution fits the following statement from a philosophical treatise on the nature of medicine: “The skills and commitment of medicine are aimed at the restoration of human beings” (Pellegrino and Thomasma 1981: 64).

But there are many problems with viewing the balien system as medi-