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## THE LAND OF MILK AND BARLEY: MEDICINAL PLANTS, STAPLE FOODS, AND DISCOURSES OF SUBJECTIVITY IN RGYAL THANG

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### INTRODUCTION

Ethnobiological research conducted throughout much of the world has shown that traditional environmental knowledge among indigenous groups is often highly specialised, and frequently entails extensive knowledge of medicinal uses of local flora and fauna (Berlin 1999; Hunn 2002; Moerman 1998; Voeks 1995). I began research with Tibetans in Rgyal thang in 1999 hoping to find just such extensive medicinal plant knowledge. What I discovered, however, was an interesting dynamic between a pervasive local repository of information on medicinal plants, average working household knowledge of a few medicinal plant species, and a discourse of plant knowledge loss that I argue is intricately connected to other discourses of subjectivity among Rgyal thang Tibetans.<sup>1</sup> This is accompanied at the same time by a popular emphasis on milk and barley products as having medicinal properties that I argue has critical symbolic significance for local Tibetan identity.

In this paper I have three main objectives. The first is to briefly discuss my findings on household knowledge of medicinal plants in Rgyal thang. Although the discourse of common householders centers on the loss of knowledge of how to use local plants medicinally, they do not completely lack knowledge of remedies altogether. It is important to keep the latter in mind as a counterbalance to local proclamations of diminished knowledge not because it is somehow more objectively true than the discourse of knowledge loss, but because it provides a context

<sup>1</sup> Throughout this article I use 'household knowledge' in contrast to the knowledge of specialists in the area, such as doctors of institutional Tibetan medicine (who are trained in formal institutions and practice at local hospitals and clinics or privately) as well as village doctors (who are trained in lineage traditions and practise privately).

within which to understand local discourse more clearly. My second objective is to analyse the discourse of lost medicinal plant knowledge (knowledge loss) in relation to discourses of commodification (of medicine) and ethnic identity in the Rgyal thang area. In the domain of self-healing remedies, the commodification of medicine has displaced local knowledge in the subjective experiences of Rgyal thang Tibetans. In terms of ethnic identity, since the modern subject in this area of China is in part defined by ethnicity and since 'traditional' medicine (and by implication knowledge of medicinal plants) is linked to ethnicity throughout the nation, Rgyal thang Tibetans gauge their own medicinal plant knowledge (or lack thereof) in terms of their ethnic identity. Finally, I turn to an analysis of the symbolic importance of milk and barley as integrally connected to the discourses of subjectivity with which Rgyal thang Tibetans are engaged. In essence, the reported effectiveness of milk and barley, as remedies for general ailments and to maintain good health, combined with the symbolic power of these products, creates a dominant discourse in relation to other discourses of subjectivity. An analysis of this dominant discourse, then, becomes central in understanding the subjective world of Rgyal thang Tibetans. I employ James Scott's idea of 'everyday forms of resistance' (Scott 1985, 1990) to discuss the agency of Rgyal thang Tibetans in creating their own sense of worth and identity given the current socio-economic conditions within which they are living.

#### RESEARCH SETTING AND METHODOLOGY

Rgyal thang is located in the southernmost reaches of Khams. Of the six *sgang* 'ridges/highlands' of Smad Mdo Khams, Rgyal thang is located in Spom 'bor sgang and roughly corresponds to present-day Shangrila County in Diqing Tibetan Autonomous Prefecture (Diqing Zangzu Zizhizhou), northwest Yunnan Province.<sup>2</sup> Essentially there are two Rgyal thangs: Rgyal thang<sub>1</sub>, which refers to the greater cultural (and previous administrative) area, and Rgyal thang<sub>2</sub>, which refers to the core town of the greater cultural area. The research presented in this

<sup>2</sup> Zhongdian County was officially renamed Shangrila County (Xianggelila Xian) in May 2002. I use the Chinese name of Diqing (Tib. Bde chen) Prefecture to highlight its creation under the modern Chinese state.

paper was conducted in 2001 and 2002 in central/ 'navel' Rgyal thang (Rgyal thang<sub>2</sub>), in the town known in Chinese as Zhongdian, and in surrounding villages.<sup>3</sup>

While Rgyal thang is part of the Tibetan Autonomous Prefecture of Diqing, it is also a multiethnic area. According to the 2000 Census of the PRC, the Tibetan population in Zhongdian County was 40%, followed by Han at 22%, and Naxi at 18%. Although not a majority, Tibetans constitute the largest 'ethnic group' or 'nationality' (Chin. *minzu*) in the county. It is important to keep in mind the multiethnic (and multilingual) makeup of Rgyal thang, particularly in a province that boasts of having a 'mosaic' of ethnic groups. 'Ethnic consciousness' may be at an all-time high in contemporary China and this undoubtedly has an effect on the subjective experiences of Rgyal thang Tibetans. All interviews upon which this paper is based were conducted with people that identified themselves as Tibetans.

Most Rgyal thang Tibetans are agriculturalists having stocks of yak, *mdzo* or cattle,<sup>4</sup> pigs, chicken, and sometimes sheep. Often, livestock is taken to higher elevations for grazing during the summer months, although—as is characteristic of agro-pastoral communities (*sa ma 'brog*)—a strongly pronounced transhumance does not appear to be practised. Barley and wheat are the main crops grown, followed by potatoes and mustard seeds.<sup>5</sup> No mechanised equipment for planting or harvesting is used and most farm tools are wooden. In Zhongdian town Tibetans have various occupations, from government employees to

<sup>3</sup> The scholar/abbot in exile Lha mkhar Yongs 'dzin dge bshes Bstan pa rgyal mtshan (alias Dge bshes Gyang ra) wrote in 1985 that Rgyal thang consists of five *rdzong* (an administrative unit where the district magistrate was headquartered; a county, Chin. *xian*, can correspond roughly to a former *rdzong*): Rgyal thang yul lte ba (central, literally 'navel' Rgyal thang), Gter ma rong (Chin. Dongwang), Yang thang (Chin. Xiao Zhongdian), 'Jang (the area north of Shigu, near the first major bend in the Yangtze), and Rong pa (present-day Nying shar area). Dge bshes Gyang ra's explanation of a greater Rgyal thang area centred on a core, navel town of Rgyal thang (what I refer to as Zhongdian) is one that is corroborated by many Tibetans in the area today. I thank Wang Xiaosong of the Diqing Institute of Tibetan Studies in Zhongdian for helping me make sense of the relation between textual place names and those on current Chinese maps.

<sup>4</sup> Many Rgyal thang Tibetans refer to their animals as yak (*g.yag*) although I have been told by others (mostly from outside the Rgyal thang area) that there are no 'true' yak in Rgyal thang at all.

<sup>5</sup> I do not have statistics on crops grown. The assessment given here of the importance of potato and mustard seed crops for the local economy is based purely on my own observations.

shopkeepers. In addition, Tibetans from outlying villages often come to Zhongdian to sell their wares: wild mushrooms, caterpillar fungus (*Cordyceps sinensis*), apples and other seasonal fruits, yogurt, and cheese.

The environment in Rgyal thang and the surrounding area is an interesting mix of temperate to alpine (boreal) vegetation. Valley floors between 2,000 and 2,500 m are often dotted with cacti, palm trees, and eucalyptus, while alpine areas of 3,500 m and more host rhododendrons, gentians, and the prized snow lotus (*Saussurea medusa*). Both Rgyal thang and nearby Deqin County have a high density of biodiversity. Ideal growing environments make possible a wide range of vegetation types and many of the medicinal herbs used in both Tibetan and Chinese medicines come from these areas.

Given Rgyal thang's natural endowment in medicinal plants, the extended human habitation of the area for several millennia,<sup>6</sup> and a history of trade in medicinal products (plants, animals and minerals), I began my study anticipating that the utilisation of these resources by local inhabitants might be substantial. While most of my time in Rgyal thang was spent with several doctors of Tibetan medicine, who are experts in medicinal plant knowledge,<sup>7</sup> part of my research included investigating variations in local knowledge of medicinal plants—from institutionally-trained doctors to privately practising village doctors to lay persons. What I found is that knowledge does appear to vary quite significantly among these different groups.

This paper discusses my findings among the lay population in the town of Zhongdian and five surrounding villages: Tsomgol, Chu snying, Bongchating, Tsoli, and Yang thang.<sup>8</sup> In 2001 and 2002, 36 interviews with lay people were conducted, lasting between one and two

<sup>6</sup> While troops from the Tibetan Empire apparently settled the area in the seventh century, human habitation in Rgyal thang has been dated through the archaeological record to at least five thousand years ago. See Diqing Zangzu shehui shi ("History of Tibetan Society in Diqing") as quoted in Marshall and Cooke (1997).

<sup>7</sup> Research with these doctors provided the basis for my dissertation fieldwork. See Glover 2005.

<sup>8</sup> It should be noted that I could not obtain reliable spellings for three of these five villages (Tsomgol, Bongchating, and Tsoli) and have therefore relied on approximate transliterations of local pronunciations. Most of the population in the Rgyal thang area is not literate in Tibetan.

hours each.<sup>9</sup> Interviews began by inquiring about the most common ailments experienced in the household and then continued by investigating methods of treatment for these ailments. Home remedies were recorded, including information on how ingredients were obtained (self-gathered, purchased, received as a gift), preparation, dosage, and amount used per year.<sup>10</sup> If plant material was available—either in the house or within the surrounding area—I requested it to be shown to me. If home remedies did not exist, I inquired as to where treatment was sought (from hospital, clinic, monastery, or other) and which type of medicine, if any, was taken (Tibetan, Chinese, or Western). Depending on how earlier questions were answered, I also inquired about how and from whom the interviewee learned these remedies and if he/she was currently teaching them to anyone.

#### FINDINGS ON HOUSEHOLD KNOWLEDGE

The most common ailments that interviewees mentioned were colds, fever, headache, diarrhoea, stomachache, toothache, cough, and rheumatism/arthritis.<sup>11</sup> On average, men tended to articulate more working knowledge of medicinal plants than did women, although their knowledge was usually limited to one or two plants.<sup>12</sup> Some of the plant remedies seem to be village-specific. For example, in the village of

<sup>9</sup> Interviewees were chosen for representative sampling of age and gender. Interviewees ranged in age from their mid-twenties to early seventies, with an average age of 50; 56% of the interviewees were men while 44% were women. I chose not to control for occupation (besides the requirement of not being a 'professional doctor'). The majority of interviewees were farmers; variations from this main occupation included a government worker, a banker, a driver, a schoolteacher, and a car-repairman. The majority of interviews (28 of 36) were conducted in Rgyal thang Tibetan dialect; seven interviews were conducted in Chinese (Mandarin) and one was conducted in English.

<sup>10</sup> Dosage and yearly consumption were often very difficult to discern, as people usually used vague measurements (such as, 'a handful', a 'sack-full' etc.) and relied little on exact measurements.

<sup>11</sup> There is an extensive literature on the difficulties of translating illness categories; the names given here are approximations.

<sup>12</sup> And yet, interestingly, the most knowledgeable person I interviewed was a woman aged 67 living in the old part of Zhongdian town, Rdo mkhar rdzong. I will return to a brief discussion of this woman below.

Bongchating, about 30 km west of Zhongdian town, people mentioned the use of a local plant, called 'Tonghong', for toothache.<sup>13</sup> Not only was this plant not mentioned in other villages but also doctors of Tibetan medicine at the Tibetan Hospital in Zhongdian had never heard of it. Villagers told me that a Naxi family, the only non-Tibetan family in the village, taught villagers about the plant about a generation ago. Common remedies of self-treatment that spanned from village to village and into Zhongdian town included the use of particular plants, such as "Dpa' bo ser po" (*Veratrilla sp.*) and "Myong rtsi spras" (*Coptis sp.*). These plants grow locally and most interviewees collect them themselves once a year. Both plants are used for headaches and colds, and in all cases the roots of the plants are utilised. Despite the popular usage of these two plants within the five villages and Zhongdian town, however, the most commonly mentioned ingredients for self-healing remedies were milk and barley products. It gradually became clear to me during the course of my interviewing that the presumption I had begun with (high probability of extensive household medicinal plant knowledge) was only a starting point. What is much more intriguing than the fact that there does not appear to be high utilisation of local plants medicinally (at the level of self-treatment by householders) is how Rgyal thang Tibetans talked about their own knowledge and their subjective experiences. I was continually struck by the recurrent themes of knowledge loss, commodification of medicine, and the integrity of milk and barley.

It is important to state that in this paper my assessment of lay people's knowledge is based exclusively on what they were willing to convey to me, not on observed practices. While a more extensive research project could involve an in-depth assessment of practice, the present work is interested in how local experiences of subjectivity become articulated within the framework of medicinal plant knowledge (a frame with which I began my study), how articulations are intertwined, and how an understanding of these interconnected discourses can be applied to an analysis of the importance of milk and barley for Rgyal thang Tibetans. In short, the present work explores what can be gleaned about local conceptualisations of subjective experience through what Rgyal thang Tibetans communicate about themselves.

<sup>13</sup> I have not been able to ascertain the identity of Tonghong although the name itself sounds Chinese.

### LOST KNOWLEDGE

A common theme that I encountered in interviews with people of all ages is the expression of knowledge loss in the domain of medicinal uses of plants. "We used to know [how to use plants medicinally]", one man commented. "Older generations knew about this", corroborated another. "We don't know any of this stuff anymore!" exclaimed a woman in Yang thang village. Often people would expressively flip their hands over quickly in a gesture of not having anything and would shake their heads. Sometimes people seemed to lament the fact that they did not have any 'useful' information for the visiting anthropologist (i.e. me). And yet, on average, most common householders knew of a few remedies to share.<sup>14</sup> Of specific interest to me is the pervasive belief among most interviewees that a particular community body would be more knowledgeable than their own; and such a 'knowledgeable' cohort was always said to have existed a generation or two before. Thus, as was stated by a 36 year old man, "We're too young, we don't know much [about plants and healing]. Older folks do know". "You'll have to ask someone older about this", added another man in his thirties. And yet, when I interviewed 'older people' (aged 55 and up) I found that they were not necessarily more knowledgeable on the whole than middle-aged or younger folks.<sup>15</sup> Older people certainly commented that they themselves did not know as much as their parents used to. In other words, it became obvious that a consistent discourse of knowl-

<sup>14</sup> Due to space constraints, in this paper I am not able to explore fully my own positionality as an ethnographer, although it is certainly a legitimate aspect of the research to consider. In addition, it is possible that there may be certain family remedies or recipes that were not deemed appropriate to share with me. Again I would herein reiterate that my objective in this paper is not to give an 'accurate assessment' of medicinal plant use but rather to explore the discourse surrounding popular plant knowledge as it was expressed to me.

<sup>15</sup> However, the interviewee with the most extensive knowledge was a 67 year old woman living in the old part of Zhongdian town, Rdo mkhar rdzong. She readily mentioned 15 different medicinal plants in the area that she utilises, some of which she only knew by their Chinese names. She explained to me that she had troubles with rheumatism/arthritis as a child, and that her father taught himself (from books) how to use local medicinal plants and then taught her. (It was not clear if there was a direct causal relationship between her childhood sickness and her father's interest in medicinal plants). She regretted that neither her children nor grandchildren were interested in learning from her and added that they would rather just go to a hospital or clinic for treatment.

edge loss is presently shared across generations, regardless of age, and that the existence of a more complete knowledge of medicinal plants is projected into a distant past altogether. In the following, I will explore what this local sentiment of loss among present generations of Rgyal thang Tibetans implies with regard to larger socio-economic issues.

#### COMMODIFICATION OF MEDICINE IN RGYAL THANG

Usually, the comments that followed statements of knowledge loss referenced the increased presence of professional health-care workers (including doctors of Tibetan medicine) and the availability of prepared medicines—whether Tibetan, Chinese, or Western medicines. People explained to me that 20 to 30 years ago medicine was difficult to obtain, even Tibetan medicine, which mostly came from Lhasa (this might in fact give us a clue as to why it was important to hold such knowledge, i.e. a matter of survival). Now, people commented, prepared medicines are easy to get. You can buy them at hospitals, pharmacies, and apothecaries in Zhongdian. Some of these medicines are locally produced, some are from Lhasa, and some (particularly Chinese and Western medicines) come from Kunming or other parts of China.<sup>16</sup> Most interviewees said that although medicines are more available now, they are also more expensive. As one 41 year old woman from Bongchating village commented, “When I was younger medicine was hard to get but cheap. Now it’s easy to get but expensive”.<sup>17</sup>

Additionally, interviewees commented that doctors are more prevalent now, especially in Zhongdian. While the County Hospital was founded in 1952<sup>18</sup> and state-run health clinics proliferated in the 1960s,

<sup>16</sup> Ironically, much of the Tibetan medicine that Rgyal thang Tibetans purchase contains plants gathered in Deqin County and Rgyal thang. The Tibetan Hospital in Zhongdian manufactures and sells its own medicines (which consist in large part of locally gathered plants) as does the Tibetan Medicine Factory in Zhongdian (which used to be part of the Tibetan Hospital but is currently owned by a businessman from Kunming).

<sup>17</sup> Only one interviewee mentioned that medicines are actually cheaper now than they were before. However, this man had an above-average income as a private driver; his remarks undoubtedly reflect his economic standing and are not representative of the sentiment of most Rgyal thang farmers.

<sup>18</sup> The County Hospital (Zhongdian Xian Weisheng Yuan) officially became the County People’s Hospital (Zhongdian Xian Renmin Yiyuan) in 1956.

it is difficult to know how much these institutions were accessed by local Tibetans at the time. According to my interviews they were fairly underutilised, at least for common ailments.<sup>19</sup> Tibetan medicine was not institutionalised in the area until 1979, when a Tibetan medicine clinic was established at the Prefectural People’s Hospital. Later, in 1987, a separate Tibetan Medicine Hospital was established, where Tibetan doctors practise Tibetan medicine.<sup>20</sup> Some villages in the area may have had resident village doctors, but in only one of the villages under consideration had there been such a practitioner in the past 40 years.<sup>21</sup> One woman noted the increased pervasiveness of doctors and the convenience this brings: “Oh it’s much easier to see a doctor now than having to treat yourself”. Furthermore, the combination of greater availability of both medicines and doctors has generally created improved health care conditions, people noted. One woman from Bongchating village stated:

When I was younger, we could only get medicine from Lhasa. Now we can go to the hospital in Zhongdian if we get very sick. Previously if you got really sick you would just die!<sup>22</sup>

<sup>19</sup> It should be noted that the local monastery in Zhongdian, Sum rtse gling, does not appear to have a significant history of providing medicines or medical services to the local community.

<sup>20</sup> My conjecture is that Rgyal thang Tibetans first became exposed to professional doctors through the Tibetan clinic at the Prefectural Hospital and later the Tibetan Hospital. Frequently people told me how incredibly busy the doctors were the first few years after the Tibetan clinic opened—patients would wait in line for hours to see a Tibetan doctor. One of the two doctors involved with establishing the clinic in fact told me that they could not make enough medicine to keep up with the demand for the first two years and were often overwhelmed, having to turn patients away. I suspect that local Tibetans were interested in the Tibetan medicine clinic in part because the doctors were Tibetan themselves.

<sup>21</sup> This village doctor, who was quite renowned throughout the greater Rgyal thang area, had died in 1955. His son, who was ten at the time of his father’s death, no longer lives in the village but instead now resides at Sum tse gling Monastery (where his own son is a monk) on the north end of Zhongdian town. The famous village doctor’s son did train with his father before his death but he once explained to me that he was unfortunately not able to learn very much from his father since he was so young at the time. Nonetheless, he still treats patients at the monastery and apparently specialises in the treatment of stomach ailments.

<sup>22</sup> And yet this health care is becoming increasingly difficult to access for those without money. Although doctors’ visits at local hospitals are free, patients have to pay out of pocket for most medicines. There are a number of independent practitioners in Zhongdian who charge rather reasonable rates—in many cases they even treat patients for free. Most of these independent practices operate less as commodity-based businesses and more as ‘charities’, accepting whatever bit of money or other offerings (usually food) patients give, rather than having set rates for treatment.

But the availability and convenience of commodified medicine has its costs. In interviews, discussions about the availability of prepared medicines and professional services were directly connected to the discourse of plant knowledge loss, in a nearly causal relationship. One man in Tsomgolü village stated:

We used to know [how to use plants medicinally], but now it's so convenient to just get what you need in Zhongdian that we don't know how to use these plants anymore.

Another man in Yang thang village supported this view in nearly an identical manner, "Most people don't know how to use plants anymore, they just go to the hospital". One man in Yang thang village commented that he buys Myong rtsi spras (*Coptis sp.*), one of the few plants that is mentioned as a remedy in this area, at the County Hospital. He explained that even though he can dig the plant himself, he does not know the proper medicinal preparation and therefore the plant never has an effect when he tries to apply it. Greater availability of medicines and doctors has created a situation where knowledge of self-healing through use of medicinal plants is fading, people asserted. In becoming more reliant on health care professionals, the institutions in which such professionals operate, and commodities of medicines that can be purchased, Rgyal thang Tibetans feel that part of their cultural knowledge base is dwindling.<sup>23</sup>

#### MEDICINE AND ETHNIC IDENTITY

While the use of medicine in Rgyal thang is pluralistic, with consumption of Tibetan, Chinese, and Western medicines, it is also closely connected to ethnic identity. Tibetan medicine, throughout China, is ethnically marked in Chinese as *zang yi* or *zang yao*, while Rgyal thang Tibetans mostly refer to it by using the Tibetan term *bod sman* (Tibetan medicine) rather than Chinese *zang yi*.<sup>24</sup> Chinese medicine

<sup>23</sup> This assessment is in part supported by research conducted in the field of ethnobiology over the past decade or more that has shown that increasing commodification and urbanisation throughout the world lead to knowledge loss of local medicines. For a recent example, see Zent 1999.

<sup>24</sup> The distinction between Chinese *yi* and *yao* is essentially that *yi* generally refers to the practice of medicine while *yao* refers to the material of medicine (pharmaceuticals, medicinals).

is, instead, the unmarked, non-ethnicised category of *zhong yi/yao*, medicine of the 'Middle Country', or, more contemporarily, the nation.<sup>25</sup> In the past decade or more, 'traditional,' institutional Tibetan medicine, as practised at the Tibetan Hospital in Zhongdian, has been touted as one of China's great medical treasures, although its status in relation to Chinese medicine is somewhat ambiguous. Often Tibetan medicine gets lumped in with other medical systems of China's 'ethnic minorities'. At the 1999 World Horticultural Exposition in Kunming, for example, an exhibit of 'ethnic medicines and drugs' presented a variety of 'non-Chinese' medical traditions as examples of the wondrous storehouse of resources of the nation, both in natural materials and knowledge systems. Similarly, a publication titled *Zhongguo shaoshu minzu quantong yiyao daxi* (*Collection of Traditional Minority Medicines of China*) from the year 2000 makes explicit the fact that the Tibetan medical system is one of several great traditions of the Chinese nation.<sup>26</sup>

Expressions of 'Tibetan culture' are now not only accepted but also encouraged in Yunnan—within limits.<sup>27</sup> While folk healing remedies in Rgyal thang are somewhat kindred to healing remedies of institutional Tibetan medicine, and although they are not necessarily equally noticed or acknowledged by the state, they are practices of a Tibetan population whose members seem keenly aware of their ethnicity and who identify

<sup>25</sup> It is significant that even when speaking Tibetan many Rgyal thang Tibetans use the Chinese term *zhong yi/yao* (national medicine) and *xi yi/yao* (Western medicine) rather than the Tibetan *rgya sman* (Chinese medicine) and *nub phyogs pa'i sman* (or sometimes *phyi gling pa'i sman*), respectively for 'Western medicine'.

<sup>26</sup> For further discussion of this exhibit as it pertains to ethnic discourse in the PRC, see Glover 2005. See Janes (1995) for a brief discussion of classifying Tibetan medicine under the rubric of 'Chinese traditional medicines' in documents issued by the central government. Also see Adams (2001) for a discussion of how practices considered 'scientific' (read: apolitical) in Tibetan medicine in the TAR are acceptable while those considered 'religious' (i.e. political) are not. Although religious and political expression in Yunnan does not seem as aggressively repressed as in the TAR, Adams' point is worth considering for any national discourse on Tibetan medicine.

<sup>27</sup> Specifically the tourist industry is an openly encouraged venue for expression of ethnic identity throughout China. In May 2002 Zhongdian County was renamed Shangri-la County after the mythical paradise depicted in James Hilton's 1933 novel *Lost Horizon*. Along with this renaming, the county has financed re-surfacing of most buildings in Zhongdian with 'Tibetan' style painting, mandated Tibetan language on all business signs (in addition to Chinese and sometimes English), and encouraged county employees to dress in 'traditional' Tibetan *phyu pa*. See Kolås (2004) for an interesting discussion of the role of tourism and ethnic identity in the place creation in Rgyal thang.

with a specifically Tibetan worldview. The connection between folk healing practices among Rgyal thang Tibetans and institutionalised Tibetan medicine is in some ways strengthened by common ethnicity. Because they are Tibetan, and the 'great tradition' of Tibetan medicine is officially sanctioned as a legitimate medical system within the PRC (and a treasure of the 'Motherland' to boot), Rgyal thang Tibetans may feel a certain amount of expectation towards their own basis of cultural knowledge. This may be reflecting in the discourse of loss: we don't know this now, but we must have known it before since this is part of a traditional Tibetan knowledge system.

Discussions of ethnicity in one form or another arose in nearly all interviews, in part, I argue, because the discourse on 'traditional' medicine and medicinal plants is effectively linked to ethnic discourse in the contemporary PRC. This linkage plays out on the level of consumption, where all Rgyal thang Tibetans interviewed reportedly consumed purchased Tibetan medicine and consulted Tibetan medical services, whether institutional or private. Although interviewees said that they sometimes use non-Tibetan medicine (either Chinese or Western) for certain ailments, an essential component in their consumption of purchased medicines and services remains Tibetan medicine. So, being a Tibetan patient in Rgyal thang means foremost using Tibetan medicine. On the level of household medicinal plant remedies, however, knowledge thereof becomes quantified in relation to other ethnic groups. One man in Yang thang village highlighted what he saw as an important difference in ethnic knowledge basis:

Han, Yi, and Naxi know how to use plants and harvest them in the high mountains. Most local Tibetans don't know much. There was one Tibetan guy about 16 years ago who knew about plants but he didn't teach anyone and now he's dead.

Two other interviewees mentioned that village remedies came from non-Tibetan families: one Naxi, one Lisu. On the level of assessing their own knowledge of medicinal plants, Rgyal thang Tibetans often compare themselves with other ethnic groups and find their own knowledge lacking. It is perhaps here that the 'common bond' of ethnicity between non-professional, householders and professionals of Tibetan medicine in Rgyal thang weakens. In fact, as discussed earlier, the professionalisation and commercialisation of Tibetan medicine is often pointed out as a potential cause for the decrease of medicinal plant

knowledge among householders. In this way, the divide between the knowledge possessed by professionals of Tibetan medicine and that of 'non-professionals' in some ways lends disjuncture to the 'common bond' of ethnicity. Yet this bond can be reestablished through the daily appreciation of and reverence for other markers of Tibetan identity: milk and barley.

#### MILK AND BARLEY: REVIVAL AND RESISTANCE

If Rgyal thang Tibetans feel that they have become more dependent on professional, commodified medicine, which—at least in their subjective experience—in turn has caused them to lose knowledge of medicinal plants and home remedies utilising these plants, what can be done to (re)claim a sense of control over both their own health care and valuable 'traditional' knowledge? One possibility is to seek empowerment in a realm in which they do have control. James Scott (1985) has termed this 'everyday forms of resistance', stressing that such resistance usually involves no collective action and is often not openly challenging the basic structure of domination; these forms are instead 'hidden transcripts' (Scott 1990) of noncompliance. Since most common Tibetan householders in Rgyal thang are farmers, milk products and barley are their staple foods. The production and consumption of these goods seem little threatened by current economic trends in the county. While not at all antithetical to canonical Tibetan medicine, which stresses the importance of proper diet as one of the foundations of good health, Rgyal thang discourses of health and healing seem particularly rooted in local Tibetan economic and cultural life.

As mentioned previously, answers to my queries about home remedies were dominated by responses that included both milk and barley products. 'Whey' (*phyur khu*), 'yogurt' (*zho*), and/or 'cheese' (*phyur ba*) were mentioned in over half of the interviews, usually to treat headaches, stomach problems and colds. A woman in her late 60s gave one of the most cogent explanations I encountered about the benefits of milk products. While our conversation focused mainly on the 15 different plants that she uses medicinally, she prefaced the interview by saying that in general her family stays quite healthy. When I asked why, she responded with a well-reasoned argument:



We eat lots of cheese, yogurt, and milk. These products come from animals that graze in the high meadows and eat herbs with medicinal properties. Since we drink the milk of these animals, we benefit from their diet and in turn receive doses of medicine ourselves.

This was not the first time that I had heard this explanation, although it was one of the most articulate accounts. While milk is obtained through the reliance on livestock, barley is the product of human labour and depends on soil, rain, and sun. Barley, in the form of *rtsam pa*, was mentioned across villages and in Zhongdian town as a remedy for similar ailments—headache, cold, and sometimes stomach problems. Often barley is mixed with other foodstuffs, such as garlic, chili or cheese that are added for medicinal properties as well as taste. One man commented that if one gets a cold, it is important to eat well—and such a diet includes lots of barley consumption. As a prophylactic, barley has many benefits, particularly for potency. Barley gives strength, people noted; it maintains vigour and can revive a weakened body. Although some interviewees mentioned other foodstuff as remedies, such as chicken, eggs, turnips, and pig's fat, milk products and barley were the two classes of food most readily mentioned as prophylactics and healing remedies by the majority of interviewees.<sup>28</sup>

In essence, milk and barley products become virtual medicines outside the realm of, and in reaction to, commodified, prepared medicines (from Chinese, Western, and Tibetan medical traditions), and in a wider sense, in reaction to the non-Tibetan world and the nationalist absorption through the state. As previously mentioned, Rgyal thang Tibetans on average utilise institutionalised Tibetan medicine above all other, at least in part because it is Tibetan. But even doctors of traditional Tibetan medicine have gained some control over the health and healing of common householders in Rgyal thang within the past several decades. Having become somewhat reliant on professionalised medicine, and feeling that they are no longer able to effectively utilise many local plants for healing, Rgyal thang Tibetans nonetheless maintain some sense of control over their own health and healing by explicitly appreciating and acknowledging the very basics of their dietary exis-

<sup>28</sup> Similar to my findings on the use of most medicinal plants, foods—other than milk and barley—used as medicines were village-specific. Thus the use of pig's fat as a topical rub for arthritis was mentioned in one village while turnip soup (also used topically) was the remedy for arthritis in another village. Undoubtedly there is a correlation between the local availability of these resources and their use.

tence. The popular esteem of and reverence for milk and barley products and their use as virtual medicines may reflect the extent to which common householders feel disenfranchised from the current trend of commodification of medicines and health care in northern Yunnan Province and may therefore represent a form of 'everyday resistance' to this trend. Among Rgyal thang Tibetans, 'resistance' may be in reference to professionalisation and commodification, yet when understood in the wider perspective of the multi-ethnic makeup of the area and the dominance of state discourse, 'resistance' becomes directly linked to ethnic identity.

### CONCLUSION

The use of milk and barley among Rgyal thang Tibetans is not new; the utilisation of these products can be seen throughout various Tibetan and trans-Himalayan communities and is not necessarily a by-product of contemporary sociopolitical China. In fact, it is precisely because of the long history of the consumption of these products in Tibetan communities, and their contemporary widespread usage, that they can so artfully be employed as markers of tradition and identity. In order to understand the significance of these products in contemporary Rgyal thang, what these products mean or signify to local Tibetans—in short, to give a 'thick description' of them—we must place them in the context of related discourses of medicinal plant knowledge loss and commodification of medicine in the area. In Rgyal thang, milk and barley as virtual medicines symbolise a resistance to the displacement of local knowledge of medicinal plants and 'traditional' home healing practices by professional, commodified medicine. In addition, milk and barley act as ethnic markers among a populace in which ethnic identity is an important element in the construction of subjectivity. Thus, what may appear to be a most basic fact of life (the consumption of and reverence for staple foods) may actually contain significant hidden transcripts that comment on larger social, cultural, economic, and political events.



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