

Pluralistic Therapy Choices for Neurological and Mental Disorders in Ethnic Minority Areas of Lijiang, China

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Received: July 29, 2025; Accepted: August 11, 2025; Published: August 12, 2025

Abstract

Lijiang's medical pluralism blends biomedicine, TCM, and folk practices, yet local perceptions increasingly favor a binary divide ("Western" vs. "Traditional") that marginalizes ritual therapies as superstition. Based on the medical pluralism theory, this essay provides an overview of the current status of traditional medicine in Lijiang area based on individuals' attitudes, analyzes the setbacks against its development, and explores possible solutions to breathe new life into Lijiang traditional medicine. Using the method of field study, researchers collected Lijiang people's understanding towards ritual therapy and mental illness, and analyzed their therapy choice for mental illness (mental hospital, psychological counselling, or ritual therapy). The results included answers from multiple interviewees on four perspectives: perception of rituals, understanding of mental illness, attitudes toward modern medicine (mostly trust and priority), and support systems and self-help. The results also included a generalized therapy-choosing process for mental illness: modern medicine is prioritized, followed by psychotherapy, with traditional treatment (herbal and ritual practice) being a last choice. Preservation of traditional treatment requires integrating rituals into mental healthcare through scientific validation (e.g., stress-relief mechanisms) and cultural-tourism initiatives (e.g., meditation experiences).

Keywords: Lijiang, mental illness, ritual therapy, Chinese traditional medicine, medical pluralism

1. Introduction

With its diversified ethnic groups and a unique culture, Lijiang, a city located in Yunnan Province, southwest China, has long been a popular location of field investigation for scholars from around the world, famous examples of which include botanist Joseph Rock and the anthropologist Charles McKhann. Moreover, Lijiang was officially listed as a World Cultural Heritage Site in 1997, making it a popular tourist destination both at China and beyond. The local traditional culture was quickly swept into modernization and globalization. It can also be said that this area is the middle ground between tradition and modernity.



Home to diverse ethnic groups (e.g., Naxi, Bai, Tibetan, and Han) for thousands of years, Lijiang has developed a traditional medical culture combining herbal therapy with shamanic rituals [1][2]. Since the foundation of the People's Republic of China in 1949, modern medical practices featuring hospitals and professional doctors have been promoted, while ritual therapy was classified as ‘superstition’ (mixin 迷信) and not encouraged to be used [3]. Eventually, Lijiang residents accustomed to modern medical system, and though the conservation of Lijiang traditional culture has been promoted since 1980s (Lijiang Cultural Research Institute was founded in 1981), traditional ritual therapy remains marginalized due to its limited therapeutic timeliness in treating common ailments.

During my fieldwork, I observed that local conceptions of illness—particularly mental health—diverged from biomedical frameworks in ways deeper than the word superstition conveys, and may hold therapeutic potential for mental illness treatment. Given that the therapeutic potential of Lijiang's indigenous rituals remains understudied—particularly how they operate within the local pluralistic healthcare system, this study intends to provide an overview of how ritual therapies are understood and practiced within Lijiang's pluralistic medical landscape.

2. Materials and Methods

In this section, the studying materials and fieldwork methods are presented.

2.1 Ritual Therapies' Underlying Cultural Logics

2.1.1 “Hui” conception in Naxi Culture

Naxi is one of the dominant ethnic groups in Lijiang, making Naxi medicine an important component of the Lijiang medical culture. Dongba are Naxi ethnic elites who integrate multiple domains including pictographic writing, traditional medicine, historiography, and ritual dance. Traditionally in Dongba culture, illness is believed to be caused by 秽(Hui), or impurity, which encompasses ghosts, spirits, and other supernatural contaminants that need to be “driven away” by rituals in order for health to be restored.

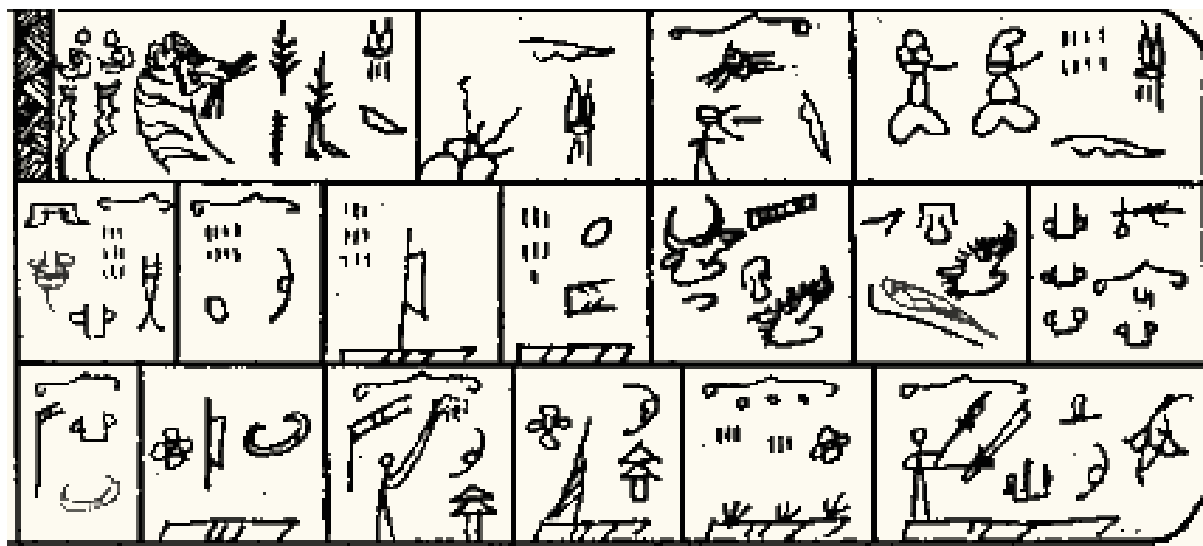


Figure 2. Dongba pictographic script



Figure 3. Dongba painting, sculptures of gods, wooden boards for ritual use

In Naxi language, Dongba originally referred to a group of religious and cultural leaders who combined their knowledge of rituals and medicinal practices to serve the community. Currently, there are around 200 Dongba, and only ten percent of whom have the knowledge of traditional rituals and medicine.

As time goes by, the term “Dongba” now stands for a culture featuring Dongba pictographic script, Dongba traditional ceremonies, Dongba medicine usage and other related subjects. In Dongba culture, it is generally believed that humans each have nine spirits evenly distributed in human body and that whenever some of these spirits become unstable, people get sick. The instability and distortion of spirits is caused by Hui, an important symbol in Dongba culture that stands for denoting impurities encompassing ghosts, spirits, and other supernatural contaminants, which usually floats around in natural environment. Hui may be brought into individuals’ bodies due to two traits: excessive desire and inherent vulnerability. Excessive desire is believed to cause the excessive exploitation of natural resources, which infuriates Hui and brings illness. One of the Dongba scriptures *The Origin and Treatment of Phobia* reflects such a belief, recording how tribe members acquire phobia, a disease under which people experience sudden and unreasonable episodes of extreme fear, because of their greedy behaviors of exploiting natural resources.



Figure 4. The Origin and Treatment of Phobia, P2-4

The belief that excessive desire and exploitation of nature causes mental illness shows a binary view of good and evil and a moral view that those who harm the nature receive punishment, showcasing a worship towards nature resulting from the animist perspectivism, which has been proven by ecological anthropological researches on Naxi people’s worship towards nature [4].

Inherent vulnerability, on the other hand, shows that individual differences may increase the likelihood for a person to be affected by Hui and become mentally unstable, acknowledges that psychological problems are influenced by both environmental factors and personal traits.

In conclusion, Dongba traditionally understand mental illness as mainly the result of Hui attaching to patients’ bodies and spirits, while admitting the influence of external environment on humans’ health, especially when it comes to physical diseases that can be treated by herbal therapies. They address the restoration of internal stability and calmness as key for curing mental illness.

2.1.2 Bai ethnic group and “Mama”

The Bai is another large ethnic group in Lijiang. In its traditional communities, there is a female role: Mama. Mama are elderly females who are capable of treating diseases and conducting ceremonies, and hold the belief that mental illness is caused by impure beings like ghosts, and the spirits of the dead can occupy people’s bodies, causing mental instability. In this situation, Mama is required to help drive those spirits away.

“Mama jiao” has worn off since the last century and related records are limited. Nowadays, Mama usually refers to devout elderly women who gather in Lianchi Hui, a belief-based organization. Though no longer serving a psychic and healing function as traditional Mama religion did, Lianchi Hui has an inherited relationship with the Bai nationality’s maternal culture, including procreation worship, Benzhu culture, and Kwan-yin worship, reflecting core ideas in traditional Mama healing methods. In conclusion, Mama religion understands mental illness as caused by drifting ghosts and deaths’ spirits and worship supernatural powers, which bless certain women with the ability to communicate with spirits and ghosts and make them leave. As a minority group well adapted to Han culture, Bai people have doctors of traditional Chinese medicine despite Mama, so Mama serves more as a psychic healer than a medical one.

In conclusion, Mama Religion centers on kin-nature-spirit interdependence, with healers (often elderly women referred to as Mama) restoring health by negotiating with ancestral ghosts and natural forces.

2.2 Fieldwork Method

The fieldwork concerning Lijiang traditional medicine was conducted based on local folklores and recordings, conversations with local experts, and interview with non-expert individuals. The interviewees investigated in the field study are all residents around Lijiang area, yet their cultural background, ethnic identity, ages, professions, and genders vary.

The current status of Lijiang traditional medicine was analyzed based on the theory of medical pluralism, Lijiang traditional medical practitioners' narration, and individuals' attitudes.

The locations where field study was conducted are shown in the figure below.

Research Locations

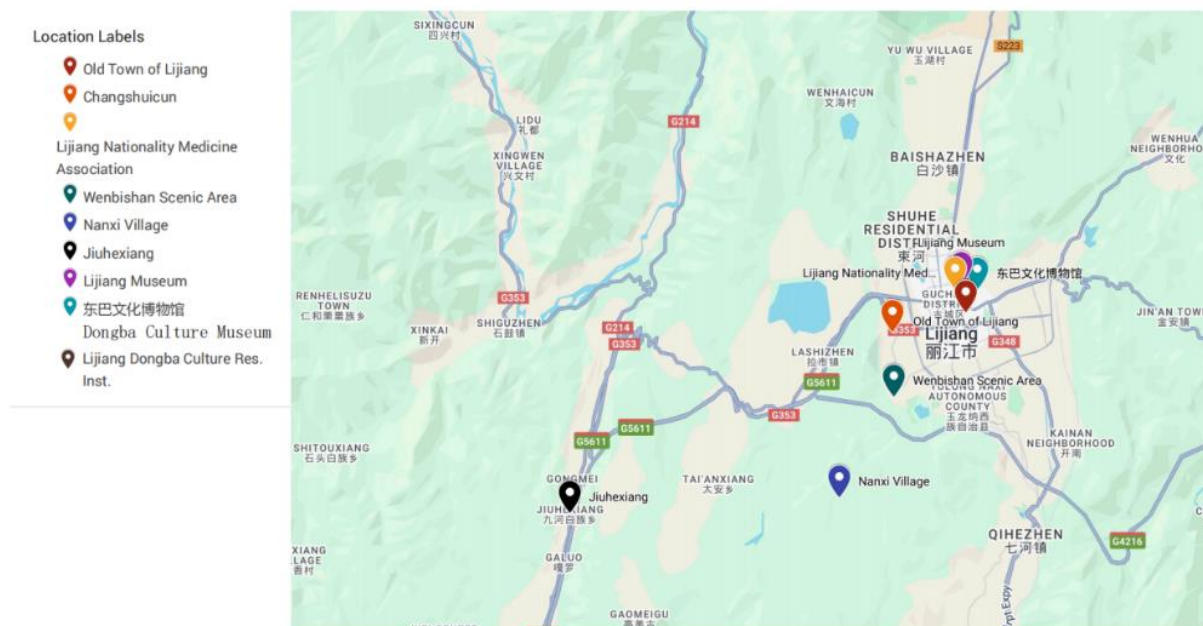


Figure 5. Filed Investigation Locations

3. Results

3.1 Participant Demographics

The demographic information of participants interviewed in the fieldwork are presented in Table 1.

Table 1. Interviewee Demographics. Original data were obtained with authorization from Dr. Zhao and used in government follow-up records. To ensure privacy protection, all personally identifiable information has been anonymized, with the pseudonym correspondence list retained solely by the research team.

Personal Information Interviewer	Gender	Ethnic Identity	Profession
He 1	Male	Naxi	Dongba
He 2	Male	Naxi	Director of Lijiang Cultural Research Institute
Liu	Male	Naxi	President of Lijiang Traditional Medicine Association
Zhao	Female	Bai	Village Health Station Doctor
Wang 1	Male	Han	Chinese Medicine Doctor
Wang 2	Male	Bai	Chinese Medicine Doctor and Herbalist
Randomly chosen patients at health station	/	/	/
Chen	Female	Han	Manager of Lijiang Traditional Medicine Association

3.2 Interview Content and Case Study

The interview content reflects a structural characteristic of medical pluralism, where cosmopolitan medical practices compromise with local medical cultures [5]. Specifically, the plural medical practices in Lijiang and its surroundings include: cosmopolitan medical practices provided by hospitals and local clinics, folk traditional Chinese medicine (TCM) practices provided by doctors, traditional Naxi/Dongba medical practices provided by Dongba, and self-healing medical practices such as purchasing herbal market goods or self-learning psychological consulting.

In a case provided by Dongba He, we can understand how mental problems are traditionally diagnosed, treated and attributed to:

"A hostess, known to be easily frightened, fell ill with headaches and diarrhea after meeting my cousin, whose grandfather had died tragically in the 1966 earthquake and was believed to have become part of Hui as a ghost. We performed a ritual, chanting scriptures and burning herbs to cleanse Hui and stabilize her spirits. She slept and awoke recovered."

This case illustrates how mental illness in Lijiang is often interpreted through spiritual and emotional lenses rather than strictly physical or psychological terms. The blending of physical symptoms with supernatural causes, like spirit possession or disturbed souls, reflects a worldview that diverges significantly from modern medical perspectives. The healing process, reliant on rituals and herbal remedies, emphasizes calming the patient's spirit and removing external influences, which aligns with broader themes in traditional medicine that focus on holistic healing.

It's also notable that the treatment emphasizes the role of the healer as a mediator between the human and spiritual worlds, unlike modern therapies that focus on psychological methods or pharmacological treatments.

Junping Wang, a Bai doctor, gave the following example which shows Bai people's understanding of the relation between physical conditions and mental well-being:

"When I was living in a Bai village as a kid, one of my neighbors was a "crazy" woman. She talked to herself and might hurt others unintentionally. However, instead of attributing her "craziness" to ghosts or the dead's spirits, villagers claimed that her disease developed from pregnancy. They said pregnant women undergo changes in their bodies which, if not treated properly, could eventually influence their brains and cause emotional or even insane behaviors."

This story took place around 30 years ago during a period when traditional beliefs about ghosts and the holiness of Mama were gradually replaced by rational and logical reasoning, as promoted by modern medicine. This transition aligns with the broader trends in rural China, where exposure to modern medicine was reshaping long-held beliefs about mental health, even as elements of traditional practices remained intertwined. More specifically, barefoot doctor systems that lasted from 1960s to 1980s and 'science popularization' campaigns (科普运动) in the 1990s actively classified 'ghost narratives' as superstition, encouraging villagers to receive biomedical treatment in rural clinics. Such policies created medical hybridity, as presented in the example above: while a relation between physiological and structural change and illness is acknowledged, understanding of mental illness is still restrained to generalized expressions such as insanity.

3.3 Mental Illness and Traditional Medicine: Their Understanding

How residents of Lijiang understand mental illness and the related treatment methods reveals a combination of traditional beliefs and modern practices. Overall, their attitudes towards mental health and treatment options can be analyzed from the following four aspects:

3.3.1 Perception of Rituals

Many villagers categorize Dongba ceremonies and rituals as forms of superstition lacking efficacy in treating psychological issues, which can be proved in the following cases:

"We don't really do that in our village. It's a kind of superstition, I think."

(H.He, an 83-year-old male villager)

"Most of people around me in my village don't believe in rituals or superstition. I think there is a gap in the succession of Dongba rituals, since the generation who used to believe in this have mostly passed away, and the current elderly people received orders to stay away from superstition such as Dongba ceremonies when they were young."

(R.Mu, a 60-year-old female villager)

“Only very few people in the village would let Dongba perform rituals to treat such mental illness-- actually, people think of this as superstition.”

(H. Zhao, a licensed doctor at Changshui Village health station)

These statements reflect a general distrust towards ritual therapies among common villagers and residents, particularly for the generations influenced by modern medical practices. Conversely, some informants promote the combination of traditional rituals and contemporary mental health care.

Z. He, a Dongba (as introduced before, Dongba are known for their roles of known for their role in performing rituals, providing traditional medical care and preserving ancient Naxi culture), suggests that the spiritual dimensions of these practices can be beneficial when dealing with mental distress:

“In my opinion, the development of western science has somehow resulted in a fixed mindset, making people unable to accept concepts in traditional medicine. But in fact, many concepts in Dongba medicine culture are correspondent with concepts in modern days. psychological problems happen to people with an unstable mind state, and they need to express the worries that accumulate inside them through different ways. In my opinion, traditional ritual therapy can actually achieve this goal if done in a proper way, for the process of chanting scriptures gives the patients a sense of calm, helping them clear their inner worries, as if an uprising positive spirit rises in their bodies, making them feel complete and cheerful. Another way is to walk around in nature and shout out loud in open space so that their depressed feelings can be expressed. A third way is treating them with music. Traditionally, we believe five notes(do, re, mi, sol, la) correspond with five body organs(spleen, lungs, liver, heart, kidney); based on this theory, we use different kinds of music to help patients achieve a peaceful and stable inner state.”

He, director of Lijiang Cultural Research Institute, believes that while Dongba rituals may not directly cure specific diseases, they provide valuable psychological support, particularly for Naxi people seeking connection to their cultural roots:

“In my opinion, such rituals can serve as a mental consolation for those who cherish their Naxi identity, making them feel connected to their roots again. That’s one important way to make use of Dongba medicine in modern days, to satisfy Naxi people’s psychological needs and thus improve their mental and overall health.”

3.3.2 Understanding of Mental Illness

The villagers predominantly associate mental health issues, particularly depression and anxiety, with the pressures faced by students in today’s educational environment. J.He, a 58-year-old female villager, noted, *“I’ve heard rumors about students jumping off buildings because of depression,”* while Z.He, a 37-year-old female villager mentioned, *“I’ve got a cousin who acquired depression in high school, mostly because of the misunderstanding between he and a teacher, as well as the pressure at high school... I feel like students get depression a lot, and some of them even attempt suicide. I’ve heard such rumors but it hasn’t happened to people around me,”* both of which illustrate the alarming consequences of academic stress. Also, many villagers relate their knowledge of mental illnesses primarily to personal anecdotes or those of acquaintances, often lacking a deeper understanding of the complexities involved.

Based on different people’s responses, there is a divided opinion about traditional medicine and rituals’ potential for treating diseases in modern times. People whose careers and lives are closely related to Dongba culture and Lijiang traditional medicine tend to view traditional medicine more positively, while ordinary villagers often know little about these practices and primarily rely on hospitals and modern professionals when it comes to mental illness.

3.3.3 Trust and Priority for Modern Medicine

Among those with some knowledge of mental health, there is a clear preference for seeking help from psychological doctors and hospitals. Z.He, a 37-year-old female villager, expressed, *“I think it’s still normal for people to try ritual therapies, but it usually happens when no other way works out and superstition is kind of the last hope.”* This reflects a pragmatic approach where modern medical solutions are prioritized, yet a recognition exists for traditional ritual methods when modern treatment fails. This attitude is evident in the modern medical treatment order: hospitals, professional doctors, and medications such as anti-depressants are the preferred choice, while traditional methods are often not utilized or are seen as a last resort when all hope seems to be gone.

As pointed out by R.Mu from Changshui village, this situation might result from the rapid modernization of Lijiang and the discouragement of traditional medicine and rituals over the last century, leading to a division between modern medicine (seen as science) and traditional medicine (seen as superstition).

3.3.4 Support Systems and Self-Help

There is an acknowledgment of the importance of family support and self-help strategies in managing mental health issues. Z. He highlights the importance of family support, remarking, *“I know an elder male who felt useless and became depressed, but his children are very kind to him, always accompanying and caring for him, and little by little he got better. So, I think that while medical treatment is important, the care and understanding from one’s family also matter a lot.”* W. He, a 36-year-old self-learned psychologist, shared her experience, stating, *“When faced with psychological problems, first trying to heal by oneself is not a bad idea. But still, it’s important to see doctors too.”* This highlights the dual approach of relying on personal efforts while still valuing professional medical intervention.

In conclusion, the perspectives gathered from the villagers illustrate a comprehensive view of mental health treatment in Lijiang, characterized by a lack of understanding of traditional medicine and a trust in modern medical practices. Although many villagers still associate rituals with superstition, voices like Dongba He’s shed light on the potential value of integrating traditional practices into contemporary psychological treatment.

This holistic understanding shows the necessity of bridging traditional and modern methods so that cultural heritage such as ritual therapy can be revived when applied to face current mental health challenges.

From the insights gained, a general medical treatment order for mental health issues in the Lijiang area can be illustrated.

Therapy choice, referring to the categories of medical practices that individuals choose when sick and the order of using them, reflects individuals’ understanding of illness and attitudes towards plural medical practices. For one, their therapy choices reflect their explanatory models of mental illness, whether attributed to biochemical imbalance (favoring biomedicine), sociocultural stress (favoring psychological consulting), or spiritual disorder caused by Impurity (Hui, 秽) (favoring ritual therapy) [6]. It is also worth noting that though Health Care System divides medical practices into three sectors, individuals actively “navigate multiple therapeutic options based on efficacy, accessibility, and cultural congruence” [7]. The order and paths of such navigation also reflect individuals’ multilayered understanding of mental illness as well as the perceived trustability levels of different medical practices.

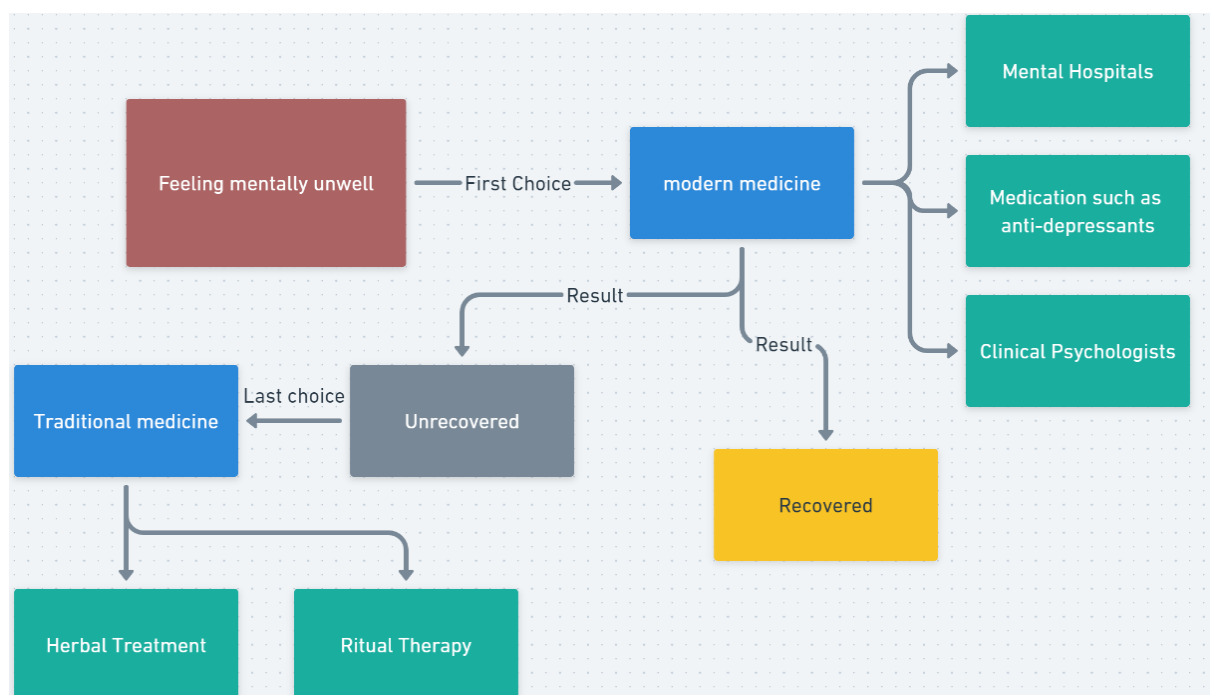


Figure 6. General therapy choice for mental illness

4. Discussion and Conclusion

4.1 Plural Medical Practices in Lijiang: Between Sectors and Realities

The diversified medical practices in Lijiang can be classified based on the concept of Health Care System, which categorizes health-related practices into popular sector, professional sector, and folk sector [8]. Based on how local people perceive these medical practices, they can also be classified into two main categories: the traditional (composing of TCM, Dongba medicine, herbal remedy and so on) and the western (composing of hospital and clinical medical practices).

4.1.1 Professional Sector: State-mediated Biomedicine and TCM

Professional sector denotes state-legitimated practices, which in Lijiang include hybrid TCM-biomedical therapies. Professional medical institutions listed in Lijiang City Gazetteer (1991–2010) include People's Hospital of Lijiang, Township Health Centers, Village Medical Stations, and Medical Institutions of Enterprises, all of which work under national standardized protocols and medical insurance coverage.

4.1.2 Folk Sector

Lijiang's folk sector comprises of folk TCM practices and ethnic medical practices, with their healing knowledge circulating through oral or family transmission rather than institutional education and certification. Examples of medical practices under the folk sector include TCM practices such as bonesetting and acupuncture in rural family-run clinics, Dongba medical practices such as herbal therapy and ritual performing, and other minority groups' medical practices such as Bai ethnic group's Mama medical practices.

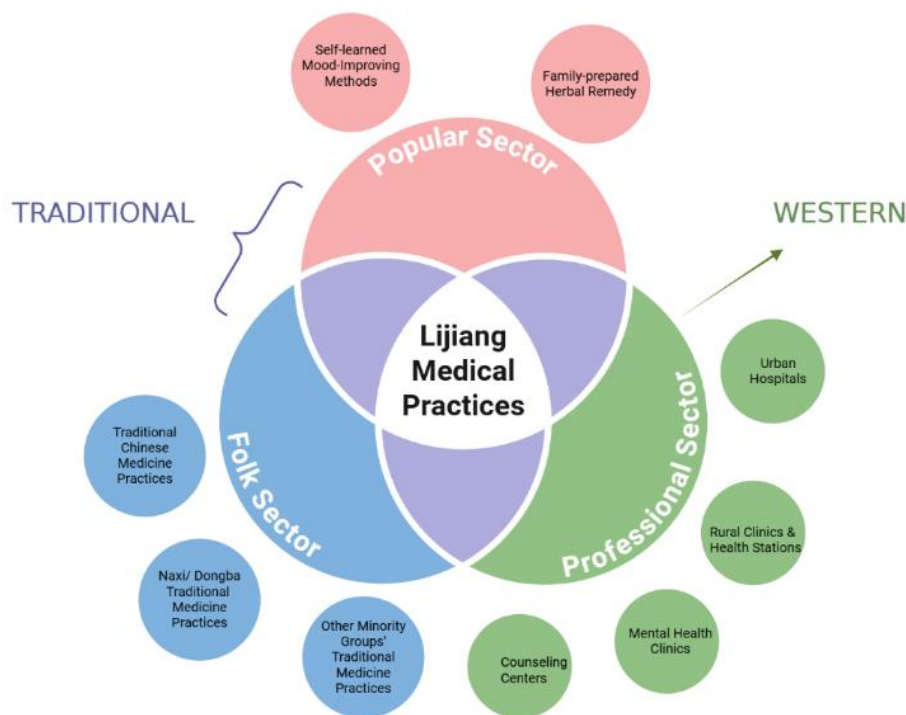


Figure 7. Visualized diagram showing plural medical practices in Lijiang, classified in popular, folk, and professional sectors, and divided into traditional and western medicine. Created in <https://BioRender.com>

It is worth noticing that though part of the medical practices under the folk sector receive no medical licensing, the practitioners often understand basic or even professional biomedical knowledge, which may be incorporated in the folk medical practice, showing a fluidity between sectors. Doctor Wang practicing TCM at his village has self-learned professional medical knowledge and prepared for the medical licensing test. Though he eventually failed the test, his biomedical knowledge together with his effective TCM skills has raised villagers' trust for him. Those with medical licenses may as well master folk/TCM medical practices. For example, Doctor Zhao working at township health center also runs a clinic at home, treating patients with acupuncture and bonesetting techniques, both of which are TCM practices.

4.1.3 Popular Sector (Herb-Derived Health Supplements)

Lijiang's popular sector thrives on self-determined health strategies such as treatment made from self-purchased herbal plants. A large proportion of goods sold on Lijiang markets are herbal plants, many of which freshly dug from the wild areas such as Yulong Snow Mountain. They are then purchased and made part of the home remedies, such as using cordyceps to maintain health, or boiling Fuzi (Aconite root, 附子) to get rid of '寒气' (hánqì, cold pathogen), a TCM concept denoting invasive cold energy that disrupts bodily balance.

In general, Lijiang's popular sector features common people's own methods to maintaining health, especially through herbal therapy, exercises, and other TCM-related practices that reflect long-held family beliefs.

4.1.4 A Common Binary Perception: Western Medicine vs. Chinese Medicine

Unlike Kleinman's approach of dividing plural medical system into three sectors, most Lijiang people classify various medical practices in a binary way, perceiving them as either '西医' (xīyī, Western medicine) or '中医' (zhōngyī, Chinese traditional medicine). Under this context, western medicine refers to biomedicine of professional sector, while Chinese medicine refers to a wider range, covering the majority of folk sector and popular sector, and licensed TCM practice of professional sector.

It is also worth noting that certain practices traditionally included in TCM, such as conducting rituals and using talisman, are not perceived as medical practices among most people. Rather, they are frequently referred to as 迷信 (míxìn, superstition).

Ritual therapies and other practices perceived as superstition don't fall into the Health Care System, but they were in the past perceived as medical practices in Lijiang area, and may offer insight on mental illness treatment.

In order to understand these practices, we must add on to Kleinman's sectors and address the cultural logics underlying minority groups' traditional medical practice that traditional healers themselves employ.

4.2 Traditional Mental Illness Classification

Traditionally in Lijiang, mental diseases have not been systematically classified. In most cases, they are referred to as "psychiatric abnormality". Many symptoms are related to "psychiatric abnormality", including the unwillingness to communicate, irrational or meaningless speeches, and behaviors that hurt others. Actually, such symptoms are common among today's patients diagnosed with depression, bipolar diseases and schizophrenia, the only difference being that no clear boundaries have been set among psychiatric diseases traditionally.

Not all diseases related to mind, brain or nervous system are categorized as psychiatric abnormality. 惊悸 (Jīngjì, phobia), causing people to experience abrupt fear but behave normally most of the time, has long been recognized as an independent disease. In fact, it is similar to agoraphobia, an anxiety disorder that involves generalized fear. When it comes to the causes of Jīngjì, though, Hui and the disruption of spirits are still considered as the leading factors, just like in the case of psychiatric abnormality. Epilepsy, on the other hand, is independent of both the name and the cause of psychiatric abnormality. With its apparent symptom of continuous seizures, epilepsy seems to have a more physically related cause than other mental illness, and is therefore distinguished from other neurological diseases in Lijiang traditional medicine conception. While modern medicine aims to neutralize abnormal electronic signals in the brain to treat epilepsy, Lijiang people used to believe in a whole different way: eating human brains. This treatment can be called primitive, but it indicates that Lijiang people have somehow identified the body part most directly related to epilepsy: the brain. As for anxiety disorders where people experience discomfort but do not exhibit abnormal behaviors, Lijiang traditional medicine does not treat them as a state of illness.

Table 2. Similarities between symptoms of 'psychiatric abnormality' and contemporary mental diseases. This classification is supported by the modern diagnostic criteria outlined in the DSM-5 (2013) and ICD-11 (WHO, 2022)

Symptom Classification	Modern	Social Withdrawal	Disorganized Speech			Risky/Self-Harming Behaviors
Depression		Common	Rare			Possible
Bipolar Disorder		Possible	Common (In State)	(In	Manic	Common (In Manic State)
Schizophrenia		Common	Common (In State)	(In	Manic	Possible
Autism Spectrum Disorder		Common	Possible			Possible

4.3 Find a Way Out: A Combination of Culture and Medicine, Rituals and Stress-Relieving

With its accuracy and continuous advancement, modern medical treatment is proved efficient for most physical diseases. The field of mental illness treatment, however, requires consistent innovation in its methods: for some mental illness, there is yet no efficient treating methods; for others, new auxiliary treatments are needed to improve the current methods' effects. The use of ritual therapy in Lijiang traditional medicine reflects a concern for patients' mental status, a feature that, if properly combined with modern psychology theories, might help Lijiang traditional medicine earn a place in mental illness treatment field. In fact, previous studies have found that rituals enhance mental well-being. To begin with, the hallucinogenic plants used in rituals might have positive mental effects, an example of which being ayahuasca, a traditional Amazonian decoction with psychoactive properties that was originally used by indigenous shamans in religious rituals across several South American countries and now proved to have antidepressant effects in patients with recurrent depression [9][10]. Moreover, Samuel Weber *et.al* have found that positive religious coping, community and support, and positive beliefs involved in ritual therapies can promote mental health [11]. Most importantly, Goncalves *et.al* assessed the impact of religious/spiritual interventions through randomized clinical trials and found that, in general, religious/spiritual interventions decreased stress, alcoholism and depression [12]. Based on these findings, it is possible to put traditional Lijiang ritual therapies into modern psychiatric treatment practice, providing a new way to conserve and promote Lijiang traditional medicine.

Re-knowing and embracing ritual therapies bring more than mental calm to Lijiang people; it also gives them a sense of belonging and confidence. This conclusion is drawn from the conversations with Dongba He and Director Liu, both of whom devote their time into the understanding, conservation and inheritance of Lijiang culture. In this process, they feel connected to their ancestors and their cultural roots, and therefore achieve a state of mental well-being.

The marginalization and degradation of ritual therapy is a global trend. However, there is still possibility to conserve and promote Lijiang traditional medicine and its ritual components. It is worth noting that among Lijiang's multi-ethnic populations, growing consciousness of mental distress has paradoxically exposed the limitations of both clinical psychiatry and mainstream cultural scripts in accounting for the localized surge of psychiatric conditions. Facing this interpretive crisis, many residents are turning to indigenous epistemologies embodied in Naxi herbal therapies and shamanic ceremonies for both etiological understanding and therapeutic efficacy. Moreover, in Lijiang, efforts are made by Dongba and other Lijiang culture experts to preserve ritual therapies as part of their cultural heritage, and explaining ritual therapy in scientific language and combining it with contemporary people's mental needs might be a way to prevent them from fading. Effects of improved forms of rituals (those that cast no harm on patients) used in folk medical practices can also be collected to provide further insight into the effectiveness of rituals and in what ways they can be improved to adapt to mental illness treatment.

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