

Original research

PERCEPTIONS OF HEALTH AND ILLNESS, AND THE ROLE OF HEALERS IN KYRGYZSTAN

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ABSTRACT

Introduction: Beliefs about health and illness greatly influence people's health-seeking strategies and practices. In this article, I show the persistence of traditional views on health and illness among the Kyrgyz. I discuss the role of traditional Kyrgyz healers, who have experienced waves of support, indifference or neglect from the authorities, but can now work freely in the market.

Methods: This paper is based on ethnographic fieldwork carried out in Bishkek, Kyrgyzstan, between 2011 and 2013. I used qualitative methods, namely, unstructured or partly

structured interviews, talks and participant observation.

Results: I found that the popularity of Kyrgyz healers is due in large part to the congruity between people's ideas about the causes and manifestations of illness, and the methods of dealing with health problems offered by these practitioners. Other factors that influence the strong position of healers in society are serious shortcomings of the health-care system, common mistrust of doctors, and unstable political, economic and social conditions. The role of traditional healers has

been appreciated by a part of the psychiatrists' community in Kyrgyzstan, and attempts have been made to collaborate with them on particular projects.

Conclusion: Based on these findings, I argue for considering an important role of healers in Kyrgyz society. I appeal for more efforts on the part of health policy-makers and public health practitioners to take into account cultural particularities and their impact on people's treatment choices during health-related policy-making in order to achieve the aim of improving population health.

Keywords: HEALTH PERCEPTIONS, ILLNESS ETIOLOGIES, HEALTH-SEEKING STRATEGIES, TRADITIONAL HEALERS, KYRGYZSTAN, BISHKEK

INTRODUCTION

Awareness of the importance of the cultural contexts of health and well-being, as well as illness, has significantly increased among health-care professionals in recent years. Consequences of the earlier disregard for these factors have often been described by medical anthropologists (1,2). For anthropologists, the crucial role of sociocultural contexts in shaping experiences of health, illness and people's medical choices is so obvious that it is even trivial. It has been highlighted many times in numerous publications, backed by a body of evidence gathered during ethnographic research among societies all over the world (3,4). However, as recent efforts of the WHO Regional Office Europe

prove, there is still a need to make these issues better known and considered in a systematic way while designing and implementing public health initiatives (5). Health professionals, who increasingly recognize the importance of the cultural contexts of health, should be better informed about the relevant literature produced within the area of medical anthropology and sociology, history of medicine, and other branches of the social sciences and humanities. As Michael Winkelman argues, "Medical anthropology is the primary discipline addressing the interfaces of medicine, culture, and health behaviour and incorporating cultural perspectives into clinical settings and public health programs" (4). It seems obvious that the expertise of medical anthropologists in cultural influences on health

outcomes should be particularly valuable for health professionals.

In this article, I present the perceptions of health and illness of the inhabitants of Bishkek, the capital of the Kyrgyz Republic, and discuss how these perceptions influence people's attitudes towards traditional healers and their methods. In my anthropological research conducted in Bishkek in 2011–2013, I was particularly interested in people's health-seeking strategies and practices, and strived to show how, among other factors, their ideas about health and illness affected the choices they made. While in another paper I analysed the reasons for commonly observed negative attitudes of the inhabitants of Bishkek towards biomedical practitioners (6), in this article, I address the contexts of the popularity of healers. Although many other factors contribute to their position, I focus here on the role of cultural perceptions, beliefs and values as crucial for understanding the respect and trust placed by people in traditional healers. Whereas, in general, health policy-makers seem to recognize the importance of the social, economic and political contexts of health, illness and health-seeking practices, recommendations for much greater cultural awareness are still valid.

Central Asia is a region that has not been sufficiently explored by medical anthropologists so far. There are ethnographic accounts on traditional medicine in Central Asia from the Russian and Soviet times, but these are not easily available, and contemporary scholarly publications on the issues of health, illness and healing are scarce. Actually, they mainly deal with religious healing in the context of local forms of religiosity (7,8). Thus, there is a need for more in-depth research in this field.

METHODS

This paper is based on ethnographic fieldwork that I carried out in Bishkek during three fieldwork seasons between 2011 and 2013 (nearly four months altogether). I used qualitative methods typical of ethnographic research: interviews – unstructured or partly structured, loose talks conducted in various circumstances, and observation, including participant observation during therapeutic sessions in both doctors' and healers' consultation rooms. In accordance

with the general purpose of my studies, I talked to people of different ethnic backgrounds, different ages and sexes (although most were female). The number of my interlocutors reached about 80 persons, although encounters with them ranged from rather brief talks to long conversations during repeated meetings. In addition to talking to "ordinary" people, I conducted interviews with doctors and healers, both traditional and others. The majority of interviews were recorded. I gained access to my interlocutors partly by accident and partly through my previous contacts, the chain of friends and acquaintances, or – as is often called in anthropology and sociology – snowball sampling.

Since I discuss the position and role of traditional Kyrgyz healers, I focus here on the Kyrgyz ideas of health and illness. Therefore, I mainly use the material from my fieldwork gathered during talks with the Kyrgyz interlocutors.

STUDY SETTING

The Kyrgyz Republic is a multinational country with a majority of ethnic Kyrgyz (72.6%), followed by Uzbeks, Russians and many smaller minorities. Nearly one fifth of the population of about 5.6 million lives in the capital.

The dramatic deterioration of the health-care system in all Central Asian newly independent countries after the collapse of the Soviet Union called for urgent reforms. Kyrgyzstan was one of the first to embark on these, with the help of international agencies. The effects of three wide-ranging consecutive reform programmes, especially in financing mechanisms and providing better access to medical services through family practices, were positively assessed by experts (9,10). However, there are still serious shortcomings in the health-care system, such as economic deficiencies, uneven distribution of doctors and facilities, mass migration of medical personnel to Russia and Kazakhstan, widespread corruption and poor medical education. According to the results of a sociological survey conducted in 2011, more than 50% were dissatisfied with the health care provided, and this proportion had increased since the previous survey of 2001 (11). Evidently, an unstable political and economic situation, recurrent revolutions, uncertainties and tensions over a prolonged period of transformation in the country contributed not only to the deficiencies in the health-care system but also to the common negative evaluation of the medical institutions

and their personnel, which I observed during my research in Bishkek (6).

The demographic and epidemiological situation in the country leaves a lot to be desired. Life expectancy, infant and maternal mortality indicators are still unsatisfactory, despite some improvement. Very high tuberculosis rates, a high rate of cardiovascular mortality and a rapid increase in newly registered HIV infections are the most acute problems faced by the health-care services in Kyrgyzstan (9).

Along with the official health care, there are many other kinds of treatment available to patients in Kyrgyzstan, and in Bishkek, this diversity is particularly rich. Such a situation is usually described by anthropologists as medical pluralism (12,13), which refers to the coexistence of biomedicine with different medical systems or therapeutic options. The wide array of non-biomedical treatments includes diverse methods, ranging from acupuncture, “Eastern” manual therapies or hirudotherapy (i.e. treatment with leeches) practised mainly by medical doctors through various “new inventions” often introduced via Russia to traditional Kyrgyz healing, as well as healing practices of other ethnic groups. Among Kyrgyz healers, there are such specialists as shamans (*bakshī, būbü*), clairvoyants (*közü achyk*) and other “spiritual healers”, and *tabīps* who diagnose illness by checking the pulse and practise traditional Kyrgyz and Islamic healing. In addition, *moldo* (mullahs) perform healing with the use of Quranic prayers. There are also healers who specialize in bone-setting or herbalism.

The attitude of the government towards complementary medicine, including traditional methods of treatment, has been generally positive and, at times, even supportive. During the 1990s in particular, Kyrgyz traditional healing was officially revalidated as part of the cultural heritage of the titular nation, and the process of institutionalization of healers’ practices started. Similar processes were observed in other Central Asian countries striving to legitimize their rights to national sovereignty (14,15). However, the official stance towards this segment of complementary medicine has gradually changed, and in recent years, traditional healing does not get support any longer, although practitioners can work freely in the market (6). It should be added that representatives of today’s “puristic” trends in

Islam, which have become increasingly visible in Kyrgyzstan and in Bishkek in particular, strongly oppose traditional Kyrgyz healing as well as religious healing practised by “unofficial”, mainly rural, mullahs. Thus, political changes and ideological struggles considerably influence the position of complementary medicine, and the official status of traditional healers is subject to such fluctuations. Despite this, they enjoy continued popularity among both rural and city dwellers.

ETHICS

During the time of my research in Kyrgyzstan, there was no formalized ethical review process for anthropology. Verbal consent of the research participants was obtained before each interview.

RESULTS: LOCAL IDEAS ABOUT HEALTH, ILLNESS AND HEALING

My research revealed that the understanding of health and illness among the Kyrgyz living in the capital has retained many traditional features. The strength of tradition is particularly visible in the ideas about the causes of illness, where health disturbances are closely connected to the influence of evil spirits and other malevolent agents. In fact, many cases are ascribed to such etiological factors. Among them, the “evil eye” (*köz tiyüü*), which affects mainly small children but also adults, is perhaps the most popular. Its effects, manifested in a child’s anxiety and crying, can usually be removed – as people believe – through simple ritual actions undertaken by a mother, grandmother or other women in the family. It is striking that the words pronounced by a woman while removing the “evil eye” with pieces of paper or bread appeal not only to Allah, but also to the ancient Kyrgyz goddess Umay-ene. Another disorder often connected with children’s health is “fright” (*korkuu, jürök müshüü*; Russ. *ispug*). Young mothers told me that they could easily distinguish between the child’s “normal” crying and a sudden, loud cry at night caused by fright. Many women, including young ones, claim that they can remove fright by using a simple traditional method, *ap-ap* – these words are uttered by a mother or grandmother while she “lifts” a child’s palate three times with her index finger. Others maintain that this condition demands intervention by

a *bakshi*, *bübü* or *moldo*, who use special prayers. Fright can also affect adults and may be manifested by “fallen” organs, especially the heart. Usually, women relatives or neighbours are regarded as good specialists in performing a kind of massage to “raise” the fallen organ. Generally, a whole range of ailments are treated by women from the family and neighbourhood, and there are popular remedies in virtually every home, such as sheep’s tail fat used for curing children’s colds and many other ailments. In addition, prevention measures are widespread, in particular, fumigation with burnt dried twigs of *archa* (*Juniperus* sp.), which is commonly considered an effective measure against both evil spirits and bacteria.

Some more serious health disturbances are often attributed to malevolent charms or black magic called *porcha* in Russian. This can lead to severe illness and, eventually, death. According to a common belief, *porcha* may be removed only by experienced specialists – *moldo*, shamans or other spiritual healers.

Kyrgyz ideas about health and illness are deeply rooted in their traditional beliefs about the spiritual world, and ancestor spirits (*arbaktar*) in particular. For the Kyrgyz, as with other Turkic peoples, e.g. Kazakhs (16) or Uyghurs, they are present and active in people’s everyday lives (17). It is widely believed that dead ancestors constantly interfere with the lives of their descendants. Ancestors should be remembered and venerated, their advice and orders should be recognized and carefully followed. Such information may be obtained through visions (*ayan*) and dreams (18). Spirits of ancestors would be helpful if remembered and respected, but they can punish their descendants with sickness and other sorts of misfortune for misbehaviour and disobedience. Similar punishment from Allah may also be expected for bad deeds or religious indifference.

Various health disorders might be attributed to the influence of mischievous spirits, from *jinn*s, mentioned in the Qur’an, to such evil creatures as *albarsty*, also commonly found, under similar names, in traditional beliefs of other Turkic societies. *Albarsty* is worth noting, since it is often referred to as a kind of nightmare that occurs mainly among women, makes them breathless and causes other unpleasant sensations. Many young women told me that they or their relatives and friends had had such experiences. In

addition to some magic preventive measures, spiritual healers might be asked for help in healing this affliction.

It should be noted that in the popular view, traditional Kyrgyz beliefs having pre-Islamic roots belong to the “real”, lived Islam, contrary to the negative attitudes of “orthodox” Muslim religious leaders. At the same time, this is part of “Kyrgyzness” (*kyrgyzchylyk*), understood as a culturally defined Kyrgyz national identity (19). These connections with shared national values obviously make for maintaining traditional views on health and illness, good luck and misfortune.

Elderly women mainly transmit traditional beliefs about health and illness to the next generations. However, in many cases, the middle generation is not well acquainted with them (which my interlocutors explained was the result of their atheistic education during Soviet times), and such ideas are spread and revived in the young generation. On the other hand, new views on health and healthy lifestyles are usually better known to the young people, although not necessarily put into practice. For example, they referred to a “healthy diet”, but added that they did not have the time to bother about it and ate fast food instead. Old people, in turn, often complained about the unhealthy diet of the young, comparing it with the good, traditional eating habits of the Kyrgyz, who – according to this discourse – used to be strong and healthy thanks to the abundance of meat and *kumiss* (fermented mare’s milk) in their diet.

DISCUSSION: THE ROLE OF HEALERS

Traditional Kyrgyz healers, though certainly more visible in rural regions, practise also in the city of Bishkek and enjoy continuing popularity among the inhabitants. Some well-known healers have visitors even from distant provinces. I call such healers “traditional”, but it should be remembered that their methods and practices include newer additions, for example “extrasensory treatment” with the use of “bio-energy”, which was already popular in the entire Soviet Union in the 1980s, during perestroika. One of the healers I met combined traditional spiritual and religious methods with bee sting therapy and performed massages using a scheme of Chinese acupuncture points. Through the process of cultural

hybridization, healers adapt to the conditions of medical pluralism in the city. Obviously, such strategies can enlarge the circle of their clientele. In fact, they have patients of different ethnic origins, not only Kyrgyz, although the latter seem to predominate.

However, at the core of the practices of Kyrgyz healers – shaman-like and others mentioned earlier – even in the city, are traditional methods of dealing with patients' problems. Illness, in the traditional view, is one of many possible misfortunes and people also ask healers for help in, for example, business failure, family troubles or difficulty in finding a good marriage partner. Obviously, such "holistic" assistance cannot be expected from medical doctors. Importantly, within healers' assumed competence is a whole range of ailments which, in common opinion, cannot be effectively treated by doctors. These are, in particular, illnesses caused by evil spirits and black magic, described above. Mental illnesses were traditionally regarded as the result of such bad influences, and even today, patients with psychic disorders are often treated by healers. These practitioners are by no means regarded as a last resort, although many patients with incurable diseases, such as those in the final stages of cancer, seek their help. Moreover, healing séances usually include ritual purification and are aimed not only at improving health, but also at reviving a patient's religiosity.

Among the accessories used in healers' treatment, there is a knife and a whip (*kamsha*) connected with traditional shamanic healing, special self-made "candles" and *archa* burnt during the séance. An important reason for the popularity of Kyrgyz traditional healing is obviously its strong association with religion, manifested in invocations to Allah, the use of prayers from the Qur'an and Muslim prayer beads, and pilgrimages to the graves of saints. But it should be stressed that these practitioners' strength is also thought to be a result of their close ties with the world of spirits, especially *arbaktar*, ancestor spirits. It is believed that these spirits choose someone from among their descendants and force them to become shamans and other spiritual healers. As I have shown in my other articles (15,20), the persistence of tradition in spiritual healing in Kazakhstan and Kyrgyzstan is particularly remarkable in the process of becoming a healer, with episodes of "the call of spirits", "shamanic illness", subsequent acceptance of the will

of the ancestors and gaining a new status. In light of the previous discussion on the vivid remembrance and veneration of ancestors among the Kyrgyz, the authority of traditional healers as persons able to contact the spirits, mediators between people and the spiritual world, is understandable.

In Kyrgyzstan, healing performed in sacred sites, called *mazars*, is considered particularly effective, because of the close connections with the spirits of the dead, especially if such places are marked by the graves of saints or ancestors (21–23). Village healers very often practise healing, with special rituals, at the *mazars*, but urban healers also organize pilgrimages to these places for their patients. Healers whom I met in Bishkek had special notebooks with the dates and itineraries of planned pilgrimages, where they wrote down the names of those who were willing to join them for such a venture.

Many anthropologists and other researchers have noted an increase in the popularity of traditional healers in Kyrgyzstan since the 1990s (21–24). According to a quantitative study conducted in eight post-Soviet countries in 2001, the popularity of healers was the highest in Kyrgyzstan. Among 2000 interviewed people, 25% admitted that they had asked such practitioners for help with various health problems (25). Additional statistics are available from a survey carried out in psychiatric clinics in Bishkek. Its results showed that 80% of the patients at the psychotherapeutic clinic and nearly 100% of those coming to the other wards of the Kyrgyz Republican Centre for Mental Health had earlier visited traditional healers (26). Psychiatrists notice that from the local, Kyrgyz perspective "an initial psychotic episode" is treated as "spiritual emergence" and such cases are thought to be within the scope of healers' competence (26). It is an important observation that conditions usually classified by psychiatrists as some kind of mental illness are often regarded by afflicted persons and their families as an evidence of the call of spirits, a proof that this individual was chosen by *arbaktar* to become a healer, in accordance with traditional views (15,20).

As my research showed, the popularity of healers in Kyrgyzstan is due in large part to the persistence of traditional ideas and notions of illness and health. Other factors, which cannot be elaborated here, are also important. Researchers often mention the poor

situation of health-care system as the main reason for the strong position of traditional healers. In my view, common mistrust of medical doctors, based on opinions of their poor professional qualifications and moral values, considerably influence people's choices (6). In addition, economic factors play a significant role, as the services of healers are not expensive. We should also remember the crucial role of the social context of family and clan relations, traditional hierarchies, norms of behaviour and values, which affect both people's health-seeking strategies and the position of healers. All in all, these complex, interconnected cultural, social and economic factors should be carefully considered in health-related policy-making in order to achieve the aim of improving population health.

HEALERS AND PSYCHIATRISTS – EXAMPLES OF COLLABORATION AND PROSPECTS FOR THE FUTURE

The role of Kyrgyz traditional healers as helpers in various health, family and social problems, and as guides who assist people in their spiritual renewal has been researched for many years by a unique institution located in Bishkek, the Aigine Cultural Research Centre established in 2004. It combines research with educational and cultural activities. The involvement of healers and religious specialists working on projects together with social scientists and psychiatrists allowed for carrying out deeper observations and collaboration. However, a few psychiatrists in Kyrgyzstan had earlier developed an interest in the “phenomenon” of traditional healing and investigated the potential of Kyrgyz healers for helping people with mental disorders (22).

An interesting example of implementation of some elements borrowed from the Kyrgyz traditional culture in the addiction treatment programme has been developed at the well-known Medical Centre of Dr Nazaraliev near Bishkek. One of the psychiatrists who worked at the Centre told me about the methods used during the stage of rehabilitation, when patients go to the sacred mountain Tashtar-Ata. As in the still continued traditional practice (27), they fasten cloth ribbons to tree branches to get rid of their addiction, and “tie up” the illness. Although Jenishbek Nazaraliev

does not involve healers in his syncretic treatment programme, he highly appreciates their abilities and skills.

Several psychiatrists from Kyrgyzstan have started collaborating with traditional healers, recognizing the psychotherapeutic value of their attitudes and practices (22,26,28). They argue that, given the persistence of traditional views on illness and the strong position of healers, their activities should be treated as complementary to psychiatric treatment. Such “double assistance” has been put into practice with good results. A psychiatrist works towards removing the symptoms of disorders, whereas a healer tries to reach their causes, identified in line with traditional etiologies and a wider world view shared by him and his patients (28). As noted by researchers, healers usually directed patients to psychiatrists or other medical professionals if they thought they could not help (22,26).

Recent initiatives of this group of psychiatrists that is open to collaboration with healers look particularly promising. Medical professionals worked as members of teams established with the aim of helping survivors of the ethnic clashes in Osh (southern Kyrgyzstan) in 2010, including the victims of gender-based violence. During their work, they noticed how important are local cultural values, norms of proper behaviour of the man and the woman, hierarchies in the extended family and clan, mutual obligations and rights. These cultural and social conditions strongly influenced the attitudes of the victims and their families, and their willingness to seek help. Not only did they tend to visit healers more often than psychiatrists, but also – as the latter admitted – healers' help turned out to be much more effective. It was especially true in the case of raped women, because of the stigma and social taboo connected with such tragic experiences (29). These observations make it clear that attending to the cultural contexts of perceptions, beliefs and values is critical for the development of effective health policies aimed at providing adequate help to those in need.

CONCLUSION

In this article, I presented some of traditional ideas about health and illness shared by the Kyrgyz as part of their wider world view, a system of beliefs and values that has not remained untouched during the

long period of Soviet atheization, but still considerably shapes present-day Kyrgyz life. I argue that these ideas strongly influence people's health-seeking strategies and choices, both in rural Kyrgyzstan and in big cities, and this can at least partly explain the popularity of self-treatment and services of traditional healers. In fact, there are many other conditions – social, economic and political – that contribute to the important role of healers, but I decided to focus on the cultural factors, as they are often neglected or underestimated by health policy-makers. This analysis sheds light on the importance of the cultural contexts of health, illness and people's health-related choices. It reveals that in Kyrgyzstan and other countries of the Central Asian region, the position of traditional healers as respected and trusted practitioners of complementary medicine should not be ignored. Although the results of therapeutic interventions by particular healers may be differently assessed, public health practitioners and policy-makers ought to consider the possible advantages of collaborating with them, especially in such cases as described above, where trust placed in a caregiver is fundamental to achieving better health outcomes.

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