

Folk Healing, Spirituality and Official Mental Health Sphere in Kyrgyzstan: The Experience of Living Together Being Different.

Sanación Popular, Espiritualidad y Salud Mental Oficial
en Kirguistán: La Experiencia de la Convivencia en la Diferencia

Elena Molchanova*

American University of Central Asia
Bishkek, Kyrgyzstan

Abstract

Kyrgyzstan is a country where folk healing, Islam and the official medicine live together in the society, when the people reach a professional of health for solving their different problems. In this article is given a short explanation of them (specially about the folk healing), and how the interrelations between these three factors are. Problems and solutions for these interactions are commented too.

Key Words

Kyrgyzstan, Shamanism, Psychopathology, Mental Health

Resumen

Kirguistán es un país en el que actualmente todavía conviven la medicina tradicional con la medicina ancestral del pueblo kirguis. Por medicina tradicional (oficial) se entiende la medicina académica y occidental. Por la ancestral se entiende la originaria del chamanismo, influida posteriormente por el Islam. En este artículo se explica fundamentalmente en qué consiste la medicina ancestral, y cómo ésta se relaciona con la medicina tradicional y la religión oficial del país; el Islam. Se comentan algunos problemas existentes en este campo por dicha conjunción, así como algunas ideas para su solución.

Palabras Clave

Kirguistán, Chamanismo, Psicopatología, Salud Mental

Received: March 24, 2009

Accepted: May 9, 2009

There are two quite different streams of epistemological assumptions of psychotherapy and counseling in Kyrgyzstan: the first is closely connected with traditional healing practice and is referred to as “natural Kyrgyz folk psychotherapy”; the second is recognized by the official government and is rooted in universities and training academies and has its origins in Soviet and now Russian psychotherapy, which is less popular than folk psychotherapy among Kyrgyz people.

One of the main challenges for specialists in psychology and counseling is the prestige of folk healing in Kyrgyzstan. For example, 89% of patients who visit the Psychotherapeutic clinic and approximately 100% of patients in the other mental health wards of the Kyrgyz Republic Center of Mental Health have met with traditional healers prior to seeking psychotherapy (Molchanova & Aitpaeva, 2008). Official Kyrgyz medical organizations try to discourage access to traditional healers by portraying “shamanism” as negative in the mass media, but statistical data show this to be ineffective: the number of traditional palm readers in the Issyk-Kul and Talas sacred sites has doubled since 2005 and psychological problems have been the main reasons cited by individuals seeking help (Molchanova & Aitpaeva, 2008).

Folk healing is so embedded in the culture and appears so natural that its effectiveness does not require any proof or scientific explanation; people just *believe* the methods of folk healers. Belief in folk healing is supported by the apparent positive effects of healing therapies at *mazars* (sacred sites), described in oral histories of miraculous healings. Shared beliefs about the world, passed on through myths and oral histories, are typical ways of perceiving reality among Kyrgyz people and inform social attitudes and behaviors.

A unique combination of ancient beliefs and Islam is a characteristic feature of contemporary spiritual life in Kyrgyzstan (Light, 2008). Religious ideas of the ancient Middle East penetrated deep into Central Asia and significantly influenced Siberian and Central Asian shamanism, contributing to its contemporary practice. With the arrival of Islam as the main religion in Central Asia, the peoples of Kyrgyzstan chose to merge the two influences; there was a fusion of the official religious ideological system of Islam with local pagan religious philosophical systems. The overwhelming majority of rural Kyrgyz people and spiritual leaders consider themselves Muslims although they also practice a shamanistic spiritual life. This type of blended Islam with shamanism is typical and widespread in Kyrgyzstan, but not commonly recognized or acknowledged. Current Islamic leaders, however, consider this type of Islam “impure”.

Traditional healing in Kyrgyzstan is very heterogeneous. It includes ancient Turkic beliefs of shamanism within the traditional spiritual practices of *Umai-Ene* (Mother), *Khan-Tegri* (Father), a daemonic being of *Albarsta*, worshiping spirits of predecessors and their mazars, and fetishization (worshiping) of traditional objects. The Kyrgyz continue to have some religious beliefs specific to paganism. Rites, rituals, and relics from prehistoric times as well as elements of totemism, animism, and shamanism are still preserved in Kyrgyz traditional culture. To this day, there are several types of healers, practicing at mazars (Adylov, 2008).

A *Kuuchu*, which literally means “the one who chases away”, is similar to a shaman in their shared use of rituals. Shamans are able to communicate with spirits by using altered states of consciousness to enter a “different” reality of the spirits. The ancient *Kuuchu* was a combination of a pagan (priest) and a doctor (daryger), but unlike a shaman, a *Kuuchu* did not differ from other members of society in the clothes he wore or in his daily activities. Yet, the *Kuuchu* was required to wear white clothing to be able to fully communicate with spirits during rituals. The *Kuuchu* are keepers of the Kyrgyz shamanistic traditions and are subdivided into “white”, associated in traditional Kyrgyz culture with purity, high status and good health, and black, which does not have positive associations. The *Kuuchus* use a variety of symbols in their work. Stripes and pendants symbolize an image of the *arbak*, the protector. Pendants in the form of tails (*candoleck*) symbolize a strong mythical beast resembling a bear. A knife or a *kamcha* (whip) are symbols of protection from evil spirits. The *Kuuchu* set rhythms during collective magic rituals with an *asataiyak* – a special stick, symbolizing life. Different household items and foods symbolize change. *Kuuchu*’s are rare and live almost exclusively in rural areas.

Bakshy consider healing to be their main profession; they are religious men and women who observe all rites and teachings of Islam. Like the *Kuuchu*, *Bakshy* men wear white robes with long sleeves that cover the body and use an *asataiyak*, however, they also have beards. Female patients frequently give presents like headscarves to *Bakshys* in appreciation for their healing power. When engaged in healing processes, a *Bakshy* must wear a long white robe, which is the traditional national style. Men frequently wear a white *tiubeteika* (an embroidered skull cap) even when wearing ordinary clothes, while women *Bakshy* wear white headscarves. At times they wear medical robes. Wandering *Bakshy* (*Duvana*) dress in old clothes, sometimes in rags. Like *Kuuchu*, *Bakshy* use oral folk stories, messages or poetry, develop their own style of language, and are known for skillfully introducing unique proverbs into their speech. These healers are believed to be endowed with eloquent poetic skills by the spirits. Many healers believe the first appearance of a spirit is indicated when a person gains the gift of poetic improvisation. Among the *Kyrgyz*, poetic talent is considered a gift endowed from above. By combining poetry and the knowledge of myths and healing folklore, *Bakshy* and *Kuuchu* shamans are skillful healers. Music and rhythm are important in healing rituals as well. The rhythm is set by an *asatayiak* and many healers play *kumuz*, which is a traditional three-stringed instrument. The healing process starts with calling for spirits, and music and motet (singing songs) are used.

Asian medical traditions, such as Chinese, Korean, Tibetan, and others strongly influenced the healing practices of the *Tabibs*. A *Tabob* (*Tabyb*) or *znahar'* (indicating doctor) is a healer who uses medication alongside traditional and Islamic cures and is able to heal dislocated bones and fractures using a diagnostic procedure based on testing the pulse. The *Tabobs* have their own classification of diseases ("cold and hot ones"), medications to cure them, as well as non-medicinal methods (such as acupuncture).

A *Kioz-achyk* ("the one who sees visions") is a clairvoyant man who is considered able to foresee the future, solve something from the past, and diagnose diseases. He works with people who are having difficulty making choices, who have been robbed, who struggle with interpersonal problems, and those who have been diagnosed with a disease or illness. *Kioz-achyk* engage in healing only on a part-time basis. Healers of this group are not considered by traditional healers to have as comprehensive a practice as *Bakshys* or *Tabibs*. Typically they have an "opening (disclosing)" by spirits during their sleep or in a trance with a more experienced healer, but they have insufficient knowledge of mythology and of the basics of pagan Turkic and Islamic traditions for interpretation. Some engage in new forms of practice, actively studying with more advanced healers, while others who may have completed training actively practice healing without sufficient experience and knowledge (Adylov, 2007). According to an ancient Turkic belief all healers possess an *arbak*, (the spirit of an ancestor) who perceives by using a third eye and "sees" human diseases.

The healing process goes in two directions – one is aimed at the patient, the second is aimed at the healer himself. It is not surprising that most frequently healers are the healthiest members of their community. A vital element of a healer's practice with a client is mysteriousness, which has several components. In the dyad "healer – patient", the former plays the role of the main source of information and emotional support, while the latter is in need and may be unsure and anxious. The healer reads prayers in Arabic, which are mysterious for *Kyrgyz* patients, whose language is *Kyrgyz*. The healer's use of mythology, talismans (*tumars*), special places of healing (e.g., *yurts*), and ritual costumes are common and may contribute to the placebo effect of folk psychotherapy.

Exorcisms take place with the use of hypnotization. A healer looks closely into the left eye of a patient. This method has been in practice for a long time and it helps the healer to concentrate completely on expressing particular phrases while watching the patient. Fixing the gaze of the patient on the bridge of the healer's nose produces the same effect. Experienced psychotherapists also use these methods when moving patients into trance. Other methods include fixing a patient's gaze on a burning candle, sparkling item or on beads, or having a patient maintain a certain pose. For the enhancement of hypnotic impact, a healer can apply touch.

Several cognitive models inform different views on psychopathology in Kyrgyzstan (Solojenkin, 1997). The first, a “natural model of reality,” includes belief in the interconnectedness of human beings with nature. Therefore, humans and nature are considered inseparable so if a separation appears to occur, the results are psychologically damaging. This model of reality includes a strong belief in the close connection between the health of Kyrgyz people and their spiritual practices. For example, talented poets, such as *akyn*, recite improvisational poetry while tellers (“*manaschi*”) of the ancient Kyrgyz epic “Manas”, the guardians of sacred sites, are considered able to connect to the unseen world through different states of consciousness and work within a sacred time (e.g., Thursdays are traditionally considered to be sacred days) marked by rituals and symbols. *Akyn*, *Manashi* and the guardians of sacred sites understand this work as a calling to accept a spiritual mission, which diverges from the modern rational understanding of reality embedded in contemporary Western counseling. According to many folk stories, people who do not accept their spiritual mission are afflicted with serious disorders or even death.

The “natural model” of reality also maintains the existence of a minimum of two worlds (Adylov, 2008). The first is our natural one, which is considered accessible to everyone. The second world is the reality of spirits (*arbaktar*) and only a few persons are able to communicate with them. Those persons have to exist between two realities and mediate communication between spirits and common people. According to these beliefs, psychopathology is the “result of a misunderstanding of the spirits’ demands”. For example, hypochondriasis is often interpreted as the spirit’s desire to help a person in the process of self-actualization and the spirits’ task is to bring the person around to the right way. In some cases the person with a conversion disorder is considered to be “punished” by the spirits or to have the “devil eye on him or her”. An initial psychotic episode is usually considered a “spiritual emergence” and a patient generally has to visit with a number of traditional healers before a psychiatrist takes care of him or her.

The mechanical model considers psychopathology a result of brain malfunction (Solojenkin, 1997). Diagnosing psychopathology in such cases is quite difficult due to the presence of alexithymia and a general denial of psychological problems. For example, depressive symptoms are considered laziness and people who believe in this model seldom become clients of a psychotherapist. The quality of memory is perceived to be the main sign of human psychic health or disability. Those who subscribe to the “mechanical model” of reality and struggle with memory problems prefer to seek the help of neurologists rather than psychotherapists.

A “distress-model” of psychopathology (Solojenkin, 1998) is often subscribed to by urban citizens in Kyrgyzstan. According to the “distress-model” psychopathological symptoms are the result of traumatic or stressful events in everyday life. People who believe this particular model often use psychological terminology to describe their conditions (i.e., stressful event, depression, anxiety). The common expression, “all disorders are due to feeling upset” highlights the root of psychopathological symptoms as resulting from stressful periods in life.

Client’s presenting problems, like languages, reflect cognitive structures in the human mind: what people consider to be psychological disorders or problems are closely related to what they are capable of understanding. Language structures are a way of thinking and perceiving the world (Sapir & Whorf, 1929/1984) so presenting problems are dependent on the available lexicon.

The Kyrgyz language reflects the history and the complexity of the Kyrgyz people. For instance, Kyrgyz people have more than 130 definitions of ages of horses, cattle and sheep, many definitions for weather, and a rich lexicon for defining family relationships and qualities of family members. Perhaps due to a history of manual labor, Kyrgyz people find it difficult to express emotional states in their own language. There are no equivalent words for “mood”, “depression”, or “anxiety” in Kyrgyz; all of these concepts are captured by “I feel badly” without any clear definition of what, where and why this sense of feeling badly is. This phenomenon can be considered a cultural alexithymia, a lack of ability to express emotions verbally (Sifneos, 1978/2005), and makes diagnosing mental disorders difficult.

In combination with the cognitive models of reality previously discussed, the help-seeking behavior of Kyrgyz individuals is quite predictable. The first (and often the last) person they would like to see is a

traditional healer. In some cases a traditional healer is the one person who can refer the client to a specialist in the mental health field. The types of psychological problems people present to traditional healers reflect the most important values of Kyrgyz society today (Aigine research center, 2007). The main cluster of problems is family difficulties; for example, complicated relationships between mothers and daughters in law, and infertility. Other presenting problems are alcohol-related or business failures. Somatic (or somatoform) symptoms often serve as the impetus for people to go to a traditional healer after receiving ineffective treatment from general medical specialists. Psychotic symptoms rarely send a person to visit a traditional healer. But, if there is a case, a qualified specialist in “natural folk medicine” usually advises a patient to see a mental health specialist. Based on a long term study of healers and their occupational activities, Adylov (2007) described the professional conduct of healers. The first and most important criterion is that healers refer to medical doctors if medical intervention is warranted.

The situation in official psychotherapy, however, is different. The usual client of a psychotherapist or counselor is an urban citizen who believes that he or she has a “psychological problem”. It’s important to say that this idea, so common in Western culture, has only recently become a part of our contemporary usage mainly due to the influence of mass media. Before the dissolution of the Soviet Union, people rarely used terms such as “stress”, “frustration”, or “breakdown”. These terms were rare in Soviet culture. For example, the words of a very popular Soviet song states that a Soviet person should have “a fiery motor instead of heart”. In other words, to be depressed or anxious meant to have a weak will, which was abnormal and shameful. Understandably, during Soviet times, psychotherapists were the least likely choice for individuals with affective symptoms. Typically, help-seeking behavior included an initial visit to a medical doctor, then a neurologist, and then a medical specialist such as an endocrinologist or an oncologist. As the “last hope” an individual might seek out a healer followed by a psychotherapist when he or she believed, “I have nothing to lose”. Close relatives of a patient usually initiated visits to mental health specialists on behalf of the patient.

The situation has been changing during the last ten years. The terms “emotional stress”, “feelings”, “psychological problems” and even “intrapsychic conflict” have become more and more popular, and the professions of psychologist and psychotherapist are increasing in social prestige. Now there is a social need for qualified counselors, although a discrepancy exists between the client’s expectations that their problems will be immediately solved by hypnosis and the actual outcomes and goals of counseling.

Trends in the evolution of Kyrgyz psychotherapy and counseling make it possible to speculate about future developments which incorporate both Western and Eastern models of helping.

The first trend is the development of cognitive and eclectic approaches to counseling as integration between different branches of psychological counseling in modern Kyrgyzstan continues. The appearance of a new generation of Kyrgyz counselors with Western educational degrees facilitates connections with Western specialists in psychotherapy and their entry into world psychological societies. Therefore, Kyrgyz psychology will continue to be shaped by Western developments.

A second trend is the conflict over how to resolve the presence of two healing traditions. “Folk counseling” (traditional healing practice) and official psychology and psychotherapy are sometimes viewed as opposing poles of how mental phenomena are perceived and understood. A rapprochement of the two different perspectives has been considered problematic. There have been movements to render the official mental health service the dominant approach in Kyrgyz society and relegate traditional healing practice to the past. Given the popularity of traditional healing in Kyrgyzstan, however, this seems to be an impossible aim for the near future.

One of the ways of solving this problem is well known by the patients of the Republic Center of Public Health, who are typically comfortable seeking help from both doctors and traditional healers. They separate the cause of a disorder from its symptoms. The cause of the disorder is usually explained within the framework of a traditional mystical paradigm (for example as the disturbance of the connection between nature and man), so only a traditional healer is able to help with the initial suffering. The symptoms of the disorder, however, continue even after a healer’s intervention, thus necessitating the help

of a mental health professional. Patients make sense of this by maintaining that the cause of their disorder is spiritual, but the medical practitioner or psychotherapist may be able to help with the “extracted roots” of the disorder. This compromise between folk and official psychotherapy is important in treatment for patients who find themselves in both worlds.

Another way of integrating the two is using the methods of traditional healers in scientific applications of mental health treatment. Milton Erickson’s method of informational overload, for example, has its roots in Latin American “magic” techniques. This method is used by psychologists today and is considered to be effective. Inclusion of folk methods within contemporary psychotherapy requires comprehensive research of the treatment components of folk psychotherapy before they can be applied in official applications of psychotherapy. This method is far from ideal, however, because it removes a major component of the healing process, the mystical belief system of the healer and his or her healing rituals. For example, if a psychiatrist in a formal counseling session were to use the rhythmic knocks of an *asatayak* (special stick) in therapy, he or she may not be taken seriously. .

Another possibility is to appreciate the positive aspects of “folk counseling” and to try to use them in contemporary mental health practice. For example, The Therapist –Spiritist Training Project in Puerto Rico. (Koss-Chioino, 2005) brings together two world views on healing: a traditional one, used by folk healers, and an official medical approach. One of the results of the project was the development of the emotional regulation mechanisms that are used during the interaction between a medium–healer and patient. This confluence of different perspectives on treatment resulted in a new system of training, far richer than the sum of its two parts and allowed for the preservation of both approaches in the healing process. This approach could lead to the dissolution of false borders between “natural” and “formal” counseling in Kyrgyzstan and create a culturally relevant form of helping for Kyrgyzstan.

Psychological counseling is a rather new branch of mental health service in Kyrgyzstan. During the cold war period Soviet academic psychology and Western psychotherapeutic approaches were developing separately. The concept of “psychological counseling” did not exist until the middle of the 1990s. The influence of the official Russian school on the one hand, and the prestige of traditional folk healing practice on the other, are creating a unique prototype of Kyrgyz psychological counseling, which is a product of both psychotherapy and traditional healing.

The integration of contemporary Kyrgyz helping methods with modern scientific applications dictates the development of new and progressive techniques of psychological help. For example, crisis phone lines, which are nonexistent in Kyrgyzstan, should be developed. Such new helping methods will require cooperation between Kyrgyz and Western health care specialists, who have greater experience in this area.

References

- Adylov, D. (2007). *Mazar worship in Kyrgyzstan: Rituals and practitioners in Talas*. A Publication of The Aigine Research Centre. Bishkek: Kyrgyzstan.
- Aitpaeva, G. (2006). The Phenomenon of sacred sites in Kyrgyzstan: interweaving of mythology and reality. In United Nations Educational, Scientific and Cultural Organization, *Conserving cultural and biological diversity: The role of sacred natural sites and cultural landscapes* (pp.118-123). Paris: UNESCO.
- Bering, J. (2002). The existential theory of mind. *Review of General Psychology*, 6, 3-24.
- Carter T. (2004). The effects of spiritual practices on recovery from substance abuse. *Journal of Psychiatric and Mental Health Nursing*, 5, 409 – 413.
- Cox, J. (2005). Spirit mediums in Zimbabwe. *Religious Experience in and on Behalf of the Community*, 6, 190-205.
- Crzywacz J., & Suerken C. (2006) Older adults’ use of complementary and alternative medicine for mental health. *The Journal of Alternative and Complementary Medicine*, 12, 467 – 473.

- Fry, P. (1976). Spirits of protest: Spirit-mediums and articulation of consensus among the Zezuru of Southern Rhodesia. *Cambridge Studies in Social Anthropology*, 14, 65-90.
- Koss-Chioino J., Leatherman T. and Greenway C. (2003). *Medical pluralism in the Andes*. London: Routledge.
- Koss-Chioino, J. (2005). Spirit healing, mental health and emotional regulation. *Zygon*, 40, 409 – 421.
- Kantorovich, N. (1966). *Medicinskaya Psichologiya* Soviet Union: Frunze.
- Kantorovich, N (1972). *Psychogenii*. Soviet Union: Frunze.
- Kay, P., & Kempton, W. (1984). What is the Sapir-Worf hypothesis? *American Anthropologist*, 86, 65 –79.
- Light, N. (2008). *Religious beliefs in Kyrgyzstan. Mazar Worship in Kyrgyzstan: Rituals and Practitioners in Talas*. Bishkek: Kryrgyzstan: A Publication of The Aigine Research Centre.
- Molchanova, E., & Aitpaeva, G. (2008). Traditional Kyrgyz rituals and modern psychological practice: Meeting compromise. *Academic Review of American University in Central Asia*,5, 75-87.
- Tabibnia, G., & Zaidel, E. (2005). Alexithymia, interhemispheric transfer, and right hemispheric specialization: A critical review. *Psychother Psychosom*, 74, 81-92.
- Solojenkin, V. (1989). *Mechanizmi psicheskoi adaptacii pri gipertonicheskoj bolezni i IBS. Avto referat na soiskaniye uchenoi stepeni doctora nauk*. Saint –Petersburg.
- Solojenkin, V. (1997). *Psichologicheskie osnovy vrachebnoi deyatel'nosti*. Moscow: Planeta detey.
- World Health Organization. (1994). *International statistical classification of diseases and Related health problems (10th Ed.)* St-Petersburg: Russia.

* **Elena Molchanova**, MD, is associate professor at psychology department of American University of Central Asia, Bishkek, Kyrgyzstan and counselling psychiatrist at Republic Center of Mental Health. The area of her research interests includes cultural psychology and psychiatry, cognitive psychology, and philosophy of science. She has more than 100 scientific publications both in Russian and English.
E-mail: molchanova_e@mail.auca.kg