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# Bleeding Babies in Badakhshan

## Symbolism, Materialism, and the Political Economy of Traditional Medicine in Post-Soviet Tajikistan

*The bleeding of infants via the skin (pilé) and the roof of the mouth (qüm) is practiced in Badakhshan, the easternmost province of Tajikistan. Like folk practices elsewhere, pilé and qüm exist at the interstices of modern society and reflect a complex religious, historical, and social response to poverty, marginality, and the global processes associated with the collapse of the Soviet Union. In this article, I attempt to move beyond an ethnomedical analysis by examining these bloodletting practices in the context of their contemporary meaning, as a moral response to suffering and to the social changes that have taken place in the post-Soviet period.*

Keywords: [traditional medicine, bloodletting, Tajikistan, Badakhshan, Isma'ili Muslims]

As cultural products, both the construction and the experience of illness are subject to the vagaries and uncertainties of the social world and have contested meanings that exist within a web of cultural complexity informed by historical, religious, political, economic, and social experience (see Banerji 1979; Bettelheim 1962; Csordas 1994; Douglas 1966; Doyal 1979; Evans-Pritchard 1937; Fox 1975; Good 1994; Igun 1992; Jordanova 1989; Kleinman 1986, 1988; Martin 1987, 1994; Mauss 1979; Payer 1988; Rivers 1913; Scheper-Hughes 1992; Scheper-Hughes and Lock 1987; Strathern 1996; Tambiah 1990; Taussig 1980b; Turner 1967). Such is the case with *pilé* and *qüm*, the traditional bloodletting of sick infants, practiced in Tajikistan's easternmost province of Badakhshan. In an attempt to move beyond an ethnomedical analysis that addresses these practices solely in terms of an epistemological system or as sociocultural adaptive strategies, following from Wartofsky (1975), Good (1977, 1994), Kleinman (1980, 1995), Farmer (1992), and Scheper-Hughes (1992), in this article, I recognize childhood illness and infant death in Badakhshan as both a "medical fact" and a "sociohistorical fact." In so doing, I invoke a critical anthropology that presents local health conditions, institutions, and practices in terms of larger political and economic forces that shape and condition social life (Good 1994:56; Hobsbawm and Ranger 1983; Marcus and Fischer 1986). By examining the practices of pilé and qüm as a complex interweaving of historical

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continuity and ethnoreligious identity in the setting of massive changes in material conditions and the moral order, I contend that these practices must be understood as reflective of the phenomenology of suffering and child death.

## Study Population and Methods

The semiautonomous region of Badakhshan, whose population of roughly 220 thousand people inhabit approximately half of Tajikistan's land surface (64,100 square kilometers), is located in the heart of the Pamir Mountains—the "rooftop of the world"—bordering China to the east, Afghanistan to the southwest, and Kyrgyzstan to the northeast. The region's capital, Khorog, is center to an array of valleys, each separated from the other by mountains. Known as the Pamiri people, the people of Badakhshan are ethnically different from other Tajiks. Except in the areas of Ishkashim, Darvaz, and Vanj, where Tajik—a member of the Western Iranian language family, akin to Persian—is spoken, most of the Pamiri people speak languages belonging to the Eastern Iranian language family. An estimated 80 percent of Badakhshanis belong to the Shi'a Imami Nizari Isma'ili sect of Islam, and trace their conversion to Islam to the efforts of the 11th-century missionary and poet Nasir-i Khusrow (Daftary 1990:217).

I conducted fieldwork for this study during the summer of 1995 and for most of 1996. For most of my time in Badakhshan, I worked as a social researcher in the health division of the local office of the Aga Khan Foundation (AKF), an international nongovernmental organization (NGO) providing emergency humanitarian assistance. At the time, I had no training in medicine, and my research for AKF focused on access to essential medicines in the region.

Ethnographic research was conducted through participant observation in Khorog and surrounding villages, extended interviews with key informants, and the use of household health surveys.[1] I conducted interviews in either Russian or the predominant local language, Shugni, with the help of an English–Russian–Tajik–Shugni–speaking field assistant. Interviews were not audiotaped, but detailed field notes were kept in English and Russian and were subsequently analyzed for theme and content.

## Tajikistan and Badakhshan in the Post-Soviet Period

Tajikistan has always been one of the least-developed parts of the former Soviet Union. It had the smallest number of doctors and medical personnel per capita and lower levels of female education compared to other parts of the USSR (Velkoff 1992:26). The collapse of the Soviet Union in 1991, followed almost immediately by a bloody civil war lasting until 1997, left Tajikistan one of the world's poorest countries. By the mid-1990s, rapid inflation,[2] food insecurity, and the breakdown of the health and educational sectors had left the country in crisis, with almost 85 percent of the population living below the poverty line (Falkingham 2000:10; UN Development Programme [UNDP] 1999; UNICEF–WHO Mission 1992; UN Office for the Coordination of Humanitarian Affairs [OCHA] 1998; World Bank 1998). By 1996, real wages had fallen to 5 percent of their 1991 level (IMF 1998; UNDP 1998).

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Reduced funding of the public sector led to breakdown in the supply of clean water, sewerage, and the public health system, and had an almost immediate effect on health indicators (Hampton et al. 1998; Keshavjee and Becerra 2000; UNDP 1998; World Health Organization [WHO] 1999). For example, life expectancy at birth for both men and women in Tajikistan fell from 72.3 for women and 67.1 for men in 1990 to 68.5 for women and 63.2 for men in 1994 (European Observatory on Health Care Systems [EOHCS] 2000:4). Maternal mortality increased from 41.8 per 100,000 live births in 1990 to 87.6 per 100,000 in 1994. Similarly, by 1994 the infant mortality was above 42.4 per 1,000 live births from 40.4 per 1,000 in 1990, mostly caused by respiratory infections, diarrhea, and developmental disorders causing death in the first few weeks after birth (EOHCS 2000).[3]

In Badakhshan, one of Tajikistan's poorest and least-accessible areas, the situation was arguably even more fragile (EOHCS 2000:4). During the early part of the civil war, there was a large movement of ethnic Pamiri refugees into the region, which almost doubled the population (from a baseline of approximately 120 thousand people). With road links with the rest of Tajikistan closed because of war and the cessation of food and fuel subsidies from Moscow, by 1993 Badakhshan had fallen into a profound health and nutrition crisis. If not for extensive humanitarian assistance provided by AKF and other international NGOs and multilateral organizations[4]—including essential medicines, heating fuel, clothing, and three meals a day for more than 200 thousand inhabitants—many Badakhshanis would have surely died of starvation and exposure.

Despite the massive humanitarian assistance, the nutrition crisis in Badakhshan worsened between 1994 and 1996. Acute and chronic malnutrition of infants and children increased from 3.0 to 5.8 percent and from 40.3 to 44.8 percent, respectively (Keshavjee 1998).[5] This was accompanied by population-wide increases in the incidence of laboratory-confirmed diarrheal disease from 10.6 per 100,000 to 91.1 per 100,000, and newly reported pneumonia in children from 2,747 per 100,000 to 6,752 per 100,000 (Keshavjee 1998).[6]

## The Practice of Infant Bloodletting

The more Pamiri children one sees, the more one notices the symmetric scars on their backs and necks. Even my field assistant, Ahmad,[7] ethnically Pamiri but born in Dushanbe, was not aware of the origin of the scars, although he had seen them before. It was only after asking around that we discovered their source: they were the result of pilé and qüm, the traditional bloodletting of sick infants. Within days of having seen the first children with scars on their backs and necks, Ahmad and I were sitting with a local healer named Mehrbanu in her home in a village near Khorog. She told us that because there were no doctors in the past, when children fell ill people had to rely on Islamic healers *(tabib)* who passed on their art from generation to generation. Eventually, local people learned to perform some of the healing practices, such as the bloodletting of infants. It was from her mother that Mehrbanu learned to treat "infant's disease," or *kudakün kasal,* the condition of children having "more blood than they should have." We asked her how one can tell that a child has too much blood, and how one knows where to bleed the child.

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> Mehrbanu: One can tell through three ways: the color, the behavior, and by feeling their backs and seeing it on their skin by poking them. In these cases, if the child is taken to hospital, they die. They cry and cry and eventually, their color turns to dark blue.
>
> Where the child is bled depends on the disease: for [problems of] the stomach we bleed the stomach. For [problems with] the back, we bleed the back. Sometimes, the child's case is too serious and one cannot get into his mouth, so they bleed his neck. One should not touch the spinal area. . . . As he bleeds, dark blood comes out—this is the cause of the illness. We only do it in our *mazhab* (sect). It is rare among the Russians; we Muslims have the problem often. They eat pork and are resistant to the fear of *jinn* (evil spirit/demons). Mostly it affects our people: cleaner people are more vulnerable. It is called kudakün kasal. The effect of the disease is that the child gets dark and dies. Rarely, children die after a bloodletting, but only if the parents come too late.
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> Salmaan: What causes it?
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> Mehrbanu: One of the major reasons is jinn. When a child is born and fidgets and cries [a lot] and he has a black circle around his mouth and eyes, it means that he may have jinn. To solve the problem, one has to open the child's mouth and look at the roof of his mouth. If you observe black veins, you need to make a hole in the veins with a needle and mop up the blood with a swab. The child gets better and does not cry again. Kudakün kasal is congenital; children are born with it. The jinn affects the mother when she is pregnant and through the mother it gets to the child. The mother is stronger and can bear it; the child cannot. The babies look like normal infants, and then as soon as they are born, they become noisy and never stop crying.
>
> Salmaan: How often do you bleed a child?
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> Mehrbanu: On average, once or twice. Maybe three times. For very sick children, they can be bled once a week for a year. It really depends on the child's condition. Sometimes I bleed them only once every two weeks. Not too many children are like this, but there are some. It was less during the Soviet Union—seldom in fact. After the collapse, it became more.

In general, Mehrbanu believes that every child should be bled prophylactically once or twice following their birth because they contain "dirty blood" from the mother's womb. "If a child is not bled," she told us, "even if he gets by and becomes an adult, he will feel pain in his spine." "Around here, every child is bled once; it is rare if a child is not bled." I knew from talking with local biomedical physicians that they were against the practice, so I asked Mehrbanu about this. She told us that local physicians had forbidden the practice, telling local women that their children could die if they undergo the practice. Yet, according to Mehrbanu, many of the local physicians themselves were bled as children. Later, some of the doctors told us that their children had also been bled.

Ahmad and I went back to Mehrbanu's house after a week, on a Wednesday, the traditionally prescribed day for bloodletting. The town's electricity was off, so her

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home was somewhat dark that afternoon. Her daughter and niece prepared food for us while her son sat near the television. On that day, Mehrbanu was going to bleed her grandson. As we ate with her and her family, we talked with Mehrbanu about bloodletting.

> Salmaan: There was something I did not understand last time, about how jinn enter babies. Why do they enter just Isma'ili babies?
>
> Mehrbanu: They mostly dwell here rather than in other places. People in other mazhabs do not pay attention and their children die. The first symptom of it is cramps and then diarrhea until they die. Not all Isma'ilis pay attention to it, either. The people in Yoged, although they are all Isma'ili, they do not pay attention to it. It affects everybody, but they are not aware. The reason we know about it is because we have *mullahs* (lay priests) and they have books through which we can find the reason for ailments. They will find out the child's mother's name, find it in the books, and cure it. After finding out what the treatment was, we started to practice it ourselves. All of these ailments are due to jinn. While a child is in the womb, the jinn affects the mother. When the child is born, he should immediately be given a *teshtov* (religious potion) ... so that the jinn leave him. When the child is still in his mother's womb, the jinn feeds the child with its own breast and the child becomes ill. Nobody can make up these things. Everything is according to those books. ... If a woman gives birth to children and they die one after another, they go to the *Khalifa* (local religions leader), and he knows [exactly why].[8]

When they brought the infant forth to be bled, both Ahmad and I became a bit apprehensive. We were emphatic that Mehrbanu should not bleed her infant grandson just for our sake. She laughed and said that he needed to be bled, that it was "curative for him." She put the boy on his stomach and lifted his shirt. Mehrbanu used a clean new razor to make approximately 12 little slits in rows of four on the infant's back, while her daughter (the baby's mother) and husband shouted "enough"—*bas*—as the baby cried. As blood oozed out, the baby screamed louder and Mehrbanu absorbed the blood with a wad of clean cotton.

Although Ahmad and I had seen many children with the marks of pilé, witnessing our first bloodletting session had been somewhat disquieting, and had left us with many questions. We decided to seek out other healers in neighboring villages and in Khorog. Gulsultan, a middle-aged, high school–educated woman, was one of many healers that Ahmad and I ultimately visited. She explained to us that there were two types of bleeding, called pilé and qüm, and that although every newborn should have pilé—be bled in the neck and stomach region three times, on the first three Wednesdays after their birth—not all of them required qüm. We pressed Gulsultan about the cause of dirty blood and the need for the different types of bleeding.

> Gulsultan: The dirty blood comes from the mother or the father. The fact that it exists is certain. It has to come from one of the parents; it is passed down. The fact that you have grown up and have not had problems means that you do not have it. If both parents have clean blood, then their child

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will be clean. If one parent has it, their child will have it. It is genetic. The pilé has to be done to every child, and it is not dangerous. The other tradition we have, qüm, bloodletting through the roof of the mouth, is different. If that is not done when it is needed, the child can die. One can observe if a child needs it based on looking at his veins. Pilé is not that important; here, our people do it to almost every child, but not every child really needs it. In the case of qüm there are blue circles around the mouth and yellow material will come out of the eyes, and there will be diarrhea. After the bloodletting, all of this will go. . . . If a woman's first child dies, that is a reason for bloodletting future children. In previous years, these cases were less than today. Today it is so easy to get it; every child has it. It is contagious. Sometimes, in the hospital they do not watch them and they give babies the same pacifier, and a baby will get it.

Salmaan: What causes dirty blood? Some people have told us that it is caused by jinn.

Gulsultan: (laughing) No, it is not caused by the jinn. Jinn affect those with spiritual diseases, the mentally ill. This does not have to do with spiritual problems. It has to do with dirty blood. As soon as you let the dirty blood out, you get rid of it. For example, if a child has [the requirement for] qüm and you just do pilé and not qüm, it helps. However, if a child has too much dirty blood, he needs to be bled in both places. We do bloodletting until the blood is bright red, and then we stop. If the child becomes calm, that is also a factor. Sometimes, we stop doing it at age six or seven months. Some children need to have it done for more than a year.

Although Gulsultan admitted to us that she had not bled any of her own ten children, and that they were healthy, she suggested that she had been bleeding babies more since the collapse of the former Soviet Union.

Because we were getting a mix of different explanations for pilé and qüm, Ahmad and I made plans to go to the home of Nurbegum, a healer in Khorog who was known as a teacher of the techniques of bloodletting. She expounded as to why children needed to be bled. In response to her daughter-in-law interjecting into our conversation that the cause of dirty blood was contagious, Nurbegum responded:

Nurbegum: It is not contagious. Do not listen to my daughter-in-law . . .

Salmaan: How is it caused? Jinn, microbes?

Nurbegum: It is caused by both microbes and jinn. *Aqs* (fright) can cause it as well. Some people get it in the following way: if a woman goes to the toilet in a field, and another woman goes to the toilet in the same place, she can get it. People say this, but I have not seen it. I have heard that it is contagious and my daughter-in-law says that it will pass to our children, but I do not really know. . . . It enters the child from the mother or the father. It is from the womb.

Salmaan: Is it caused by jinn at all?

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> Nurbegum: Jinn also play a role. Those who drink [alcohol] are the jinn. When they drink and they have intercourse with their wives, it happens. If a man has sex when he is drunk, it happens. The jinn are not jinn in the air. They are in people. In the ancient times, there were no jinn or anything. However, nowadays I am always going to the hospital and other places to cure them of the jinn. . . . The jinn can enter people when they do anything bad, like theft. Previously, there was not as much of it. Now, there is much more bloodletting than during Soviet times. During Soviet times, not very many children had it. Today, almost everybody has it. Today almost everybody is doing something bad. . . . Now there are many more jinn around than before. Then it was very good.
>
> Salmaan: Can I get it?
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> Nurbegum: Everybody can get it. Two years ago, I bled two Russian children. Sunnis also have it. All humans get it. You will not get it because you come from a flourishing condition. . . . Your place is clean. You will not get it. If we had as good conditions as you, we would not have it.

In our short conversation, Nurbegum had linked pilé and qüm to three paths: genetics, jinn, and microbes, with jinn and microbes being linked to bad living conditions and a perceived increase in alcohol use. Because all the healers—this is my term for the women as there was no specific local term for the women who practice bloodletting—we had met were giving variations of a similar story, Ahmad and I decide to visit another on the other side of Khorog, a woman named Zarinbegum. Zarinbegum lived in a poor home high on a hill, almost two kilometers from her source of water. She was an older woman whose granddaughter had recently died of dysentery. We asked her the same questions we had asked the others.

> Zarinbegum: It has nothing to do with microbes or jinn; it comes from dirty blood. Either the father or the mother has it. A child whose blood is dirty has a ring around his mouth and yellow excretion from his eyes. The blood that is in a mother's womb is dirty and a child must be bled thrice. If a child is not bled, he must be washed in permanganate solution after two days, and every three days until his sixth month. This is the case when parents do not want to have their child bled. However, if the child is bled and the dirty blood comes out, it is better. There are infants who need both pilé and qüm—they have too much dirty blood. I only take a little bit of blood—if I take too much, the child becomes anemic—but I know how much should be taken. I take only about one spoonful, and it is the dark, dirty blood.

In the course of our conversation, Zarinbegum told us that the tradition of bleeding had come down from Luqman-e-hakim.[9] "Ibn Sina," she said, "says that once a month every person should be bled—once a month at the end of the month—only a little bit." When I asked her if she found that she was called on to bleed more now than in the past, Zarinbegum concurred that there were much more qüm cases currently than during the Soviet period. "Not only qüm but other diseases," she told us, "because the town is dirty and rubbish is not removed for a long time."

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Her daughter, who was sitting in the room during our exchange, commented that even though they all were bled before, nobody suffered from anemia. "Anemia only started after the Soviet period," she told us. "Then, we had lots of food—even if we were bled until two years old, it was okay."[10] Zarinbegum had told me that the infants' disease had nothing to do with microbes, so I pressed her. As with some of the other healers, Zarinbegum's response hit home the stark reality of what the post-Soviet transition meant: "maybe it is due to bad conditions—mothers cannot feed their children properly and cannot get proper food."

## Situating Tradition: History, Colonialism, and Ethnoreligious Identity

Central Asia is well known as a crossing point for the famous silk route, where the character of popular religious beliefs, art, literature, language, and social organization has been influenced by the interweaving of the Turko-Mongolian, Persian, and Islamic traditions of the region (Gross 1992). Many local cultural practices survived, and were even shaped by, Russian imperial and Soviet rule (Atkin 1989, 1992, 1995; Poliakov 1992; Shahrani 1995).

### *Bloodletting as Historical Continuity*

As in other parts of Central Asia, popular and folk medical knowledge in Badakhshan can be separated into sacred and secular traditions that often overlap with each other. The secular folk practices tend to be based on traditions whose roots lie in the integration of Greek and Galenic medicine, with elaborations espoused by Indian, Persian, and Arab physicians, most notable of whom is the physician Abu Ali Ibn Sina. These traditions of practice, also found to exist in various forms in Iran and Afghanistan, provide a basic structure for popular physiology, illness categories, and therapy (see Burgel 1976; Elgood 1934; Good 1977, 1994; Good 1980, Good and Good 1992; Ibn Sina 1930; Nasr 1968; Pliskin 1987). In addition, in Badakhshan the secular folk tradition involves the use of high-mountain herbal medicines and other local remedies (see Keshavjee 1998; Nuraliev 1981). The sacred folk tradition is based on the cosmology of the Qur'an and tradition *(hadith)*, and includes religious healers who heal through prayer informally (*khalifa* or local religious leader) and formally (*hakim* or *tabib*, religious healer; Keshavjee 1998; see Good 1977; Good and Good 1992; Olcott 1991; Penkala-Gawecka 1980, 1988). It is from the realm of sacred medicine—linked to references in the Qur'an—that the idea of jinn emerges (see Good 1977).

Drawn from the teachings of Galen, the practice of bloodletting has existed in the medicine of Ibn Sina for hundreds of years, and as in many other parts of the world including Europe, it was practiced in Central Asia before Russian rule (Kerridge and Lowe 1995; Murav'ev 1977).[11] Although bloodletting is no longer widely used in Western biomedicine, it is still practiced in many parts of Iran and Central Asia (Chishti 1991; Poladi 1989). For example, O'Conner describes how barbers in Afghanistan draw blood from adult patrons to release "bad blood" (O'Connor 1980:218). Likewise, Hemming describes how bloodletting was used to treat back pain in an Afghan refugee camp (Hemming 1997).[12] As far as the bloodletting of infants, although both Byron Good (1977) and Mary-Jo Good (1980) refer to its occasional contemporary practice in Iranian Azerbaijan,[13] the

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practice does not seem to be prevalent in formal Greco-Islamic medicine. In fact, Galen advised against its use in children because of the danger bloodletting poses to their health (see Brain 1986).[14]

Be that as it may, Zarinbegum and the others, by invoking Ibn Sina and Luqman, situate their practice within a historically deep ethnoreligious framework—authentic or imagined—whose continuity spans both temporal and physical geographies. It is the type of continuity that Hobsbawm and Ranger describe as a "contrast between the constant change and innovation of the modern world and the attempt to structure at least some parts of social life within it as unchanging and invariant" (1983:2).

*Colonialism, Sectarianism, and the Embodiment of Identity*

The scars of pilé are evident on many children and adults alike. On one level, one could argue that because the tradition of bloodletting is said to have come from Persio-Islamic medicine, the scars are simply the embodiment of a rich and ancient tradition, which has persisted despite the dominance of the Soviet biomedical system. In this sense, these scars can be viewed as a physical mark of an inner realm of knowledge, a space in which the colonizer's knowledge does not reign.

The origins of this tension are readily described. The Soviet campaign of "modernizing" the Central Asian Republics, and its concurrent "Russification," was accompanied by a devaluation of traditional practices in many parts of Central Asia (see Shahrani 1995). Certain local practices were tolerated as "national" traditions that gave a local flavor to the different nations and peoples that composed the USSR. However, some aspects of local practices, particularly in the area of traditional medicine, were viewed by the Soviet state as "backward" and soon after the formation of the Soviet state, were targeted for eradication. Despite official discouragement of the practices of pilé and qüm by the biomedical establishment, their informal, nonpublic practice in the community was essentially tolerated (see Keshavjee 1998).

In the Soviet context, the state's acceptance of local traditions—referred to as "national" traditions—despite state domination in almost every aspect of social life, may have contributed to the reification of an "inner," "nonstate" realm in which local religious and traditional practices could persist, unfettered by the atheist state. As Chatterjee has described in the case of British-ruled India, in the colonial state the world of social institutions and practice become divided into two domains: the material and the spiritual. "The material is the domain of the 'outside,' of the economy and of statecraft, of science and technology, a domain where the West has proved its superiority and the East has succumbed. ... The spiritual, on the other hand, is an 'inner' domain bearing the 'essential' marks of cultural identity" (Chatterjee 1993:6). In this sense, pilé and qüm become the social enactment of the recognition of difference between the culture of the Soviet state—however positively or negatively conceived—and local culture.

In Badakhshan, it is clear that this dichotomy does not mean that the material benefits of Soviet rule were viewed with disdain. Rather, as Chatterjee points out, the contrary is true: The material domain tends to be the realm where it is desirable to imitate the West—in this case, Russia—because in the realm of the spiritual,

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the East was considered superior. Speaking of colonial India he says: "What was necessary was to cultivate the material techniques of modern Western civilization while retaining and strengthening the distinctive spiritual essence of the national culture" (Chatterjee 1993:120). Perhaps it is for this reason that nearly every one of the healers interviewed pointed out that the local doctors, almost all of whom are Badakhshani, were not aware of the illness their children were suffering from, because they had no training in understanding diseases in this realm. In drawing this distinction, the healers—and by extension, their patients' families—separate the world of official science from the historical and sacred sciences. Thus, kudakün kasal takes on, at certain points, a spiritual language—the language of jinn and prayer. Of course, it cannot be ignored that it also assumes the language of biology and genetics. Again, drawing from Chatterjee's discussion (1993), it can be said that in some ways this biological basis attributed to kudakün kasal reflects an implantation of categories and frameworks that were produced in another cultural context, and that have acquired new meaning in the new cultural context.[15] Thus, although biology and genetics are not denied—and are in fact promoted in the local consciousness—the realm of the "self," the spiritual realm, is simultaneously upheld.

Certainly Russian colonialism was not alone in shaping the discourse around pilé and qüm. The Isma'ili sect of Islam had been powerful in the context of medieval Islamic history where the great Fatimid State ruled Egypt, North Africa, and parts of the Mediterranean; yet more recently in Badakhshan, this sect had been subject to centuries of persecution at the hands of Sunni Muslims (see Daftary 1990, 1994). It is no secret that many of the Isma'ilis of Badakhshan arrived to this isolated part of the world after fleeing the 13th-century Mongol invasion of Persia: as followers of the Sunni interpretation of Islam, the Mongols were avowed enemies of the Isma'ilis and had destroyed Isma'ili strongholds throughout Iran (Daftary 1994:44). Although in Badakhshan the Isma'ilis were relatively protected by their isolation, they and the other Shi'a Muslims of the region continued to be persecuted by their neighbors. They were considered by some Sunni Muslims as infidels *(kafir)* and had a number of holy wars *(jihad)* declared on them. In the 19th century, Badakhshani Isma'ilis were sometimes burned to death. In fact, in 1893, prior to the arrival of the Russians to the region, the Isma'ili lands in Afghanistan (present-day Afghan Badakhshan) had for the most part been overrun by aggressors. Their property was confiscated and they were sold as slaves. Villages were burned and women were sexually violated (Poladi 1989). Given this history, it is no surprise that the Isma'ili Muslims of Badakhshan welcomed the coming of the tsar's troops with open arms.

In the sectarian atmosphere within which the Isma'ilis of Badakhshan have lived, the scars of pilé serve to some degree as a marker of a specific ethnocultural and religious identity and as the embodiment of self and difference. In this way, it is similar to the practice of male circumcision *(sunnat)* that almost every Tajik male underwent, which marked an individual as a Muslim and non-Russian, and that persisted in defiance of the atheism of the state—albeit tacitly tolerated by authorities as a "national" tradition.[16] Unlike circumcision, however, the scars of pilé mark an individual specifically as a member of the Shi'a Imami Nizari Isma'ili Muslim sect, because the ailment kudakün kasal is only recognized by healers in the Isma'ili mazhab.[17] These are scars that transcend gender—both men and women have them—in a way

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that circumcision does not in Central Asia. The scars here become the symbolic and physical embodiment of history, culture, self, and difference.

### *Situating Practice: Changes in the Material Condition and the Moral World*

The collapse of the former Soviet Union was not simply an economic collapse; it was the collapse of a cultural system with its own social, political, and moral order. In Tajikistan, as in the other republics, Soviet law codified most aspects of social life and, in turn, engendered culturally reasonable expectations of the state on the part of the population: employment for one's working life, access to health resources and technologies, and reasonable housing. The sudden disappearance of this system led to a profound breakdown in the relationship between state and citizen, and to uncertainty in the moral order. In Tajikistan, and specifically in Badakhshan, the collapse of the Soviet state manifested itself in the Tajik civil war, with the murder of thousands of innocent civilians, and widespread food and property insecurity. All this transpired, of course, with a concurrent breakdown in state services, including health, education, and public security.

In attempting to situate the practices associated with kudakün kasal during the post-Soviet period, one needs to step back and examine the symbolism associated with the idea of dirty blood. According to Good (1980) the idea of "dirty blood," believed to originate from menstrual blood, stems from a popularization of the Galenic theory of morbid atrabilious humor, which, "when present in the blood, should be expelled through venesection" (Good 1980:149). At the same time, in accordance with certain religious beliefs associated with Islam, blood—usually menstrual blood and the blood of childbirth—is both physically and ritually polluted (Good 1980:149). Douglas (1966) points out that, in general, the idea of "dirt" in any explanatory model is not an isolated event. According to Douglas, the presence of "dirt"—in this case the presence of dirty blood—implies "a set of ordered relations and *a contravention of that order*" (1966:36; emphasis added). It represents a breakdown in a system where dirt is "matter out of place" (Douglas 1966:36).

Arguably, the death of infants and children has always been anomalous, has always been "matter out of place," before, during, and after the Soviet period. Clearly, the material situation in Tajikistan, in general, and Badakhshan, in particular, was dismal during the post-Soviet period. The very reason for bloodletting infants—that they were sick and at risk of dying—had become more prevalent. Informants reported that the practice of bloodletting had increased in the post-Soviet period. Whether this is true or not is irrelevant: the fact that they perceived it to be so—that Nurbegum said that "flourishing conditions" and a "clean place" would prevent the need for bloodletting—is of importance. On some profound level, the bloodletting of sick infants simultaneously represents and exposes the social realization of material deprivation.

However, when analyzing the symbolism and meaning of body fluids, Stewart and Strathern argue that the cosmological contexts in which they are regarded needs to be addressed (Stewart and Strathern 2002:349). In the case of Badakhshan, although changes in material conditions have had a bearing on the practices of pilé and qüm, so, too, have the profound transformations in the post-Soviet moral order. These changes have affected moral obligations that have tied citizen to state, citizen

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to citizen, coreligionist to coreligionist, high mountain dweller to high mountain dweller, and families to each other. Essentially, changes in these relations have altered the very fabric of Badakhshani society.

On one level, there has been a profound change in the local moral world at the individual level. In all this talk of jinn and dirty blood, there emerges the sense of a world where "jinn are human beings" who steal and abuse drugs and alcohol, and where "mothers cannot feed their children properly and cannot [themselves] get proper food." With the influx of refugees to Badakhshan during the Tajik civil war, amid a humanitarian crisis where a large percentage of the population was faced with imminent starvation and death, the security of property became a very real issue (see Keshavjee 1998). The massive unemployment caused by the dissolution of Soviet-period local industry contributed to increased use and sale of alcohol and illegal drugs, with a concurrent increase in the use of household resources for alcohol and drugs. Anecdotal reports suggested that there was more theft, more family abuse, and more violent crime in the post-Soviet period. Regardless of whether this is entirely true—and from my own observations over an extended period in Tajikistan I am inclined to believe that it is—the very perception of its validity represents a moral fault line to which meaning is ascribed.

On another level, the changes in the local moral order are directly linked to a macrolevel break in the moral relationship between the citizen and the state. The Soviet state existed as both a social and a moral system with strict regulation of individual behavior and strict expectations of what the government was required to provide (Field 1967:45). The dissolution of this order—with the concurrent weakening of the structures and systems that enforced it—led to the ascendance of alternate social and moral constructs provided by international NGOs, local drug dealers, and local and global religious structures (Keshavjee 1998; Niyozov 2001; Shahrani 1995; see Wuthnow 1987).

In this world of moral dissonance, reference to jinn plays two important roles. First, it affirms the importance of social action as an analogue for the inner life in Isma'ili cosmology. Rafique Keshavjee (1998) argues that, in Isma'ili cosmology, human action binds the spiritual to the material world in a manner that makes it impossible to separate the two. "Action," he argues, "is a means toward a metaphysical end, a purpose that is entirely other-worldly, yet cannot be separated from a this-worldly endeavor" (R. Keshavjee 1998:22). Each individual is to be a "mirror for the other," part of a "self-reflective, ethical conscience" (R. Keshavjee 1998:28). In this sense, jinn represent that which subverts the metaphysical ends of the individual and the community.[18] Thus, the use of alcohol and the theft referred to by Nurbegum—and their perceived increase in the post-Soviet period—speaks to the perception of moral breakdown at the individual level and its subsequent effects on the community. The second role of referring to jinn is that the very idea of jinn entering those that are perceived as "dirty"—people who have sexual intercourse while drunk or people who steal—serves a disciplinary role that enforces the interrelationship between the individual and the community.

### *Explaining Practice: Reassessing the Picture*

The fact that infant mortality was high during the Soviet era, that it dropped in the late 1980s, and that it has risen subsequently, is most certainly a factor in the

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persistence of the practice of infant bloodletting. This is not to say that other symbolic factors might not also be linked to this practice. Rather, it is to say that part of understanding a tradition such as infant bloodletting is an exercise in examining how the phenomenology of the social world shapes tradition, and how tradition, in turn, is a reflection of the social world—the habitus of tradition (see Bourdieu 1977). As Good points out, "From the products of diverse historical periods and high theoretical traditions, popular medicine constructs illness configurations which articulate conflicts and stresses particular to that community, and often provides therapies which reinforce integration and conservative values of the community" (1977:30). Thus, just as the practice of infant bloodletting is embedded within the history and religion of the Pamiri people, so, too, is it a testament to the legacy of persecution, their differences from their predominantly Sunni Muslim neighbors, their position as a colony at the fringe of the Soviet empire, and, finally, to the current post-Soviet social, economic, and moral transformation.

The explanations for pilé and qüm vary. For many in the local population, these practices exist at the juncture of genetics, jinn, and dirty blood. For others—members of the local medical establishment and international NGOs working in the region—the practices mark the disjuncture between "tradition" and "modernity," and are thought to have contributed to post-Soviet malnutrition and ill health (Keshavjee 1998).[19] However, an examination of pilé and qüm demonstrates that so-called tradition can reflect multiple realities and concerns that are both historically rooted and contemporary. Tradition is not a neutral, blanket phenomenon, and it has varied effects on different social and economic groups. This may explain why there are so many reasons offered to explain pilé and qüm: as practices they are relatively unformalized, and the tenets of folk piety and science within which they are rooted are generally ill specified in relation to one another. As with other such practices, the explanations for these practices tend to be anecdotal and syncretic, with discrete elements attached readily to other belief systems in diverse combinations (see Bowen 1993; Firth 1984; Van Barren 1984; Wuthnow 1987). Like folk piety elsewhere, infant bloodletting literally and symbolically occurs at the interstices of the social world, in which experiences of marginality—like illness, death, and misfortune—are often addressed (see Berger 1969; Wuthnow 1987). It is therefore in the phenomenology of pilé and qüm—in both the practice and its local understanding—that the nature of the forces at play in Badakhshani society can be best understood. Amid the religious overtones of jinn and discipline, genetics and infection, dirt, ill health, and the collapse of the former Soviet Union lies the interaction between Islam, local tradition, communism, colonialism, and capitalism.

To frame pilé and qüm as merely traditional or cultural practices would be to erroneously focus on a particular set of symbolic meanings that epistemologically situate these practices independent of their context of use (see Good 1977:38). In this case, the tradition–modernity debate risks becoming a facade, which obscures and leaves unexamined the social, economic, and political determinants of pilé and qüm (see Asad 1973; Chatterjee 1986). The question of why people need to bleed their children would never be addressed.[20] Instead, the analysis of health practices such as pilé and qüm—as those in other societies existing in morally or physically liminal spaces—needs to accentuate what Marcus and Fischer (1986) call "meaning in action."

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By concentrating on both the symbolism and the political economy of practice—Marcus and Fischer (1986) refer to this as the meshing of political economy and the interpretive concerns of anthropology—the anthropologist can avoid becoming entrapped in comforting but erroneous symbolic or materialist analyses. As Taussig points out,

> Unless we also realize that the social relations symbolized in things are themselves distorted and self-concealing ideological constructs, all we will have achieved is the substitution of a naïve mechanical materialism by an equally naive objective idealism ("symbolic analysis"), which reifies symbols in place of social relations. . . . To peel off the disguised and fictional quality of our social reality, the analyst has the far harder task of working through the appearance that phenomena acquire, not so much as symbols, but as the outcome of their interaction with the historically produced categories of thought that have been imposed on them. [Taussig 1980a:9]

Thus, although pilé and qüm reflect complex sociohistorical relations—intimately linked to the preventable death of babies, to generations of historical liminality, to the embodiment of Islamic history and "national culture" under Soviet rule, and to local sectarian difference—so, too, do they bring into relief the phenomenology of life in the Soviet and post-Soviet periods.

As experiences that are part of the social order itself, the very existence of pain, suffering, illness, and unnecessary death puts the social order at risk. Yet, in providing meaning to the experience of infant death, pilé and qüm paradoxically act as culturally appropriate channels of legitimating the social order, rather than being a threat to it (see Das 1995:138). Although it is in these very practices that we see the embodiment of global and local processes in the social world, the local perceptions of genetics and jinn become what Marx and Engels referred to as the "fantastic reflection in men's minds of those external forces which control their daily life, a reflection in which the terrestrial forces assume the form of superhuman forces" (1964:147). Thus, as Das points out, "while local actors clearly bring a reflective stance to bear on these experiences of hunger, disease, distress, and the way in which the local world is transformed, they may attribute these changes . . . to other congeries of their lived experience" (1995:204). Likewise, the local analyses of pilé and qüm reflect profound changes in the moral, social, and physical worlds, but are masked in an internal orientation to suffering, which places blame on the "dirty blood," "poor genes," and proclivity of the sufferers themselves to attract jinn. This allows structural violence—registered on the bodies of Badakhshanis—to remain unnamed and to go unchallenged (see Das 1995; Farmer 1996).[21]

By situating the ethnographic analysis of pilé and qüm at the junction of symbolism, historical materialism, political economy, and the phenomenology of the local world, these traditional practices not only reflect their contemporary character but also serve as examples of the complexity of understanding cultural practices in modern societies. Furthermore, they reveal the moral and political nature of local medical practices in societies undergoing social, political, and economic transition.

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## Notes

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1. A pharmaceutical use survey and dental clinic survey were conducted in Badakhshan in 1996. For details, see Keshavjee 1998. Unless otherwise specified, Keshavjee 1998 refers to Salmaan Keshavjee.

2. The rate of inflation reached 635 percent in 1995; in 1996 it was 42 percent (World Bank 1998).

3. This is compared to an EU average IMR of 5.8 and a former Soviet Union average of 21.7 per 1,000 live births (EOHCS 2000). The official values reported by the government of Tajikistan may be an underestimation because of underreporting during the civil war.

4. These include the UN World Food Program, Médecins sans Frontières, the International Committee of the Red Cross, and the International Federation of the Red Cross.

5. Material is taken from an AKF internal report, "Health and Nutrition Survey, Autonomous Oblast of Gorno Badakhshan (Tajikistan)," July–August 1996, February 1997 version (Keshavjee 1998).

6. These data are based on information from the Khorog Central Polyclinic and the Oblast Epidemiology Center (see Keshavjee 1998).

7. The names of all individuals have been changed.

8. With teshtov, a verse from the Qur'an is written on a piece of paper using ink made from herbs or from soot. The paper is ultimately placed in water or tea; the text dissolves, and is consumed by the patient. This tradition is also popular in parts of Afghanistan and Pakistan.

9. Reference here is made presumable to Luqman the sage, referred to in the Qur'an (31; ii).

10. The practices are generally for infants but in rare cases can continue beyond infancy into early childhood.

11. Nikolai Murav'ev, the Russian ambassador to Khiva in 1819–20, writes:

> Khivan physicians lay down four things as the elements of life, the most important of which are the blood and the bile, which accordingly must be taken the greatest care of. . . . They believe that blood vanishes from the veins on death, because it does not flow from a corpse. Bleeding is one of their favourite and most efficacious remedies. They often let blood from the head, and have many different ways of bleeding, sometimes making numerous incisions in the afflicted part of the body. [Murav'ev 1977:167]

12. The following is taken from Isabel Hemming's field notes, dated 1990:

> Although bleeding is the special preserve of *dalaks,* there are some female healers in Chitral who use it on occasion. The elderly matriarch of a very large fraternal joint household has a history of chronic back pain for which she has sought relief from

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> multiple sources, including clinics, mullahs, and private doctors. The back pain has persisted, despite these efforts, so she consulted a Pashtu woman in one of the camps. Her problem was diagnosed as *ba'ad* (wind). The *dai*, with an assistant who only watched (but later demanded sweets as payment), took a razor blade and scratched about 20 cuts at waist level on either side of the woman's spine and then took empty Vaseline jars turning each one around the cuts to create a vacuum "sucking" effect and withdrew six full jars of blood. Her fee was a very high 120 rupees, cloth for an outfit of new clothes, and a large tin of ghee. Unfortunately the back pain was not relieved, and the patient complained of feeling generally weak, dizzy, and unwell *(sar-am gangz ast)* after the procedure. [Hemming 1997]

13. According to Good, "Tiny cuts were made on the top of the head and on the joints to rid the baby of dirty blood, presumably obtained from the mother's womb. (This tradition is remembered as common in the past but is seldom practiced today)" (1977:43).

14. In his translation and analysis of Galen's opinions on bloodletting, Brain (1986) suggests that although venesection as an evacuant can be used to remove blood that is "excess in a particular part of the body, constituting a plethos," children should not be venesected because their strength is readily broken down (Brain 1986:127–131). Furthermore, in his commentary on *Regimen in Acute Diseases*, Galen disagrees with the prescription of the author of that monograph, saying that bloodletting is a contraindication in cases of diarrhea and dyspnea, ruling out its use for the diseases that kill most Badakhshani infants, namely diarrheal diseases and acute respiratory infections (see Brain 1986:133).

15. This could also be result of people trying to use the language of science to buttress their belief system, or because they were talking to me, and saw me as somebody for whom the discourse of science would be persuasive.

16. For most Muslims, circumcision is, essentially, the physical embodiment of allegiance to God, or the *Shahada*, and physically marks a Muslim's affiliation with a community of believers (Chylinski 1991).

17. This is not to suggest that Sunni Muslims do not also have the concept of jinn. It is a concept that is mentioned in the Qur'an. Rather, I did not come across this practice in the non-Isma'ili areas of Badakhshan. Even Isma'ilis who lived in the non-Isma'ili areas of Badakhshan did not practice infant bloodletting.

18. In describing a sermon given by an Isma'ili speaker in rural Iran, R. Keshavjee says that,

> the speaker intertwined individual insight and the community responsibility. In the inter-reflection of the members of the community, each one is to be a mirror for the other, each one seeing in the other a self-reflective, ethical conscience. This is a process that sheds the differences which divide and brings the community closer for the final return to God. . . . Progress is at once made within the individual and without in the community. Ethical action links the two levels, bringing about union with God on the one level and progression in history on the other. Finally, the community provides the mirror for self-recognition, an essential process of the journey to be undertaken. [R. Keshavjee 1998:28–29]

19. The AKF used information about local health practices such as infant bloodletting to partly explain continued nutritional deficits despite multiple years of massive food assistance. Internal reports suggesting a monotonous protein-deficient diet as a major contributing factor to the continued nutrition crisis were essentially ignored (Keshavjee 1998).

20. We can see many examples of this: Farmer (1992) explained sorcery accusations and the use of voodoo priests in Haiti as speaking to questions of etiology and pathogenesis, linked to a devastatingly low physician–population ratio. Scheper-Hughes (1992) describes

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a cosmology in which dead babies are considered "angels" around Jesus and hence their death is to be celebrated, as a way to give meaning to the horror of preventable infant death.

21. Das (1995) outlines two orientations to suffering: an internal and an external. The internal orientation, she argues, legitimizes the producer of the suffering rather than the victim, whereas the external orientation acknowledges the inability of theodicy to provide an adequate explanation for the suffering. The internal orientation,

> embodied in the discourse of power, insists that the responsibility for suffering must be accepted by the sufferer herself. This masks from the powerless the manner in which their suffering may have been manufactured and distributed by an unjust society, and further, by holding that they are personally responsible for what had befallen them, disallows the powerless to exorcise their suffering. [Das 1995:139]

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## Notice of Change in Publisher
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Cambridge Studies in Medical Anthropology is now published by Rutgers University Press under the series title Studies in Medical Anthropology. The series will continue its tradition of publishing theoretically innovative scholarship on topics of current and fundamental concern. It will also continue publishing concisely written "theme books" that synthesize scholarship in developing areas of the field or offer new perspectives on traditional topics. Three volumes are currently in press, scheduled to appear during 2006: in March, *Thinking about Dementia: Culture, Loss, and the Anthropology of Senility*, edited by Annette Leibing and Lawrence Cohen; in August, *Reproducing Inequities: Poverty and the Politics of Population in Haiti*, by M. Catherine Maternowska; and in September, the theme book, *Menopause: A Biocultural Perspective*, by Lynnette Leidy Sievert. The series is currently under the editorship of Alan Harwood (Department of Anthropology, University of Massachusetts, Boston, MA 02125; alan.harwood@umb.edu). Members of the editorial board are: William Dressler (University of Alabama), Mary Jo Good (Harvard University), Peter Guarnaccia (Rutgers, The State University of New Jersey), Sharon Kaufman (University of California San Francisco), Shirley Lindenbaum (City University of New York), Lynn Morgan (Mt. Holyoke College), Catherine Panter-Brick (University of Durham), Stacy Leigh Pigg (Simon Fraser University), and Lorna Rhodes (University of Washington). The acquiring editor at Rutgers University Press is Adi Hovav.

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