

Turbulent beings

Curses and systems of healing cooperation in post-Soviet Tuva, Siberia

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Abstract In this article, I engage with the notions of illness and healing in Kyzyl, the capital of the Autonomous Republic of Tuva in Siberia. In so doing, I show how a variety of medical conditions, such as strokes, comas, and tuberculosis, are often conceptualized through a prism of curses. In these instances, illnesses are considered as a symptom and a consequence of wider sociocosmic politics which involve spirits and humans alike. Consequently, while suffering from curse inflictions, the victims often find themselves in a state of overall physical and emotional disturbance, described as being ‘in turbulence’. Given this, in the presence of a medical condition, diagnosis, cure, and recovery are often concurrently sought from medical doctors, lamas, and shamans, and the clients undergo simultaneous treatments from all three practitioners. In this article, therefore, I show how illnesses triggered by curses bring together different actors, such as medical doctors, lamas, and shamans, and how in the context of post-Soviet Tuva, these actors, with their distinct epistemologies and engagements with the world, produce a platform of cooperation rather than that of antagonistic possibilities.

Keywords illness – healing – occult practice – curse – personhood – Tuva

Introduction

“You know, the beauty of our city lies in the fact that you walk around and everything seems normal to you. And yet, you are unaware that it is behind these walls, in whispers, in curses and negotiations with spirits that our lives unfold”. When I first heard this sentence, mentioned by one of my informants and friends, I was unaware to what extent it would shape my further research. I first arrived in Kyzyl in early November 2015 and, at the time, was mainly interested in conducting fieldwork on the proliferation of shamanic societies and schools for shamans in post-Soviet Tuva. As my work progressed though, I began to realize that, indeed, there was an element of secrecy surrounding the lives of Kyzylians. Unfortunately, Kyzyl and its people, like the massive layers of ice and snow on the Yenisei river, remained silent and unmoved by my persistent attempts to get behind the sociocultural scenography carefully crafted for outsiders. It was not until a few months later, in early spring, that I was accidentally introduced to the very subject of this article.

I had just finished a meeting with the students of English philology at the state university. We

talked mostly about the Scottish referendum and Harry Potter. The students expressed their particular interests in the tensions between the Scots and the English, somehow comparing the political dynamics in the United Kingdom to the hidden frictions between Tuvans and Russians. Sajana, who had invited me to the event, was an enthusiastic headmistress of the English language department at the University of Kyzyl. After the meeting, she gave me a ride home and we spoke about my research interests. I mentioned shamanic practice and briefly recalled my friend’s comment from the beginning of the fieldwork. We continued to drive in silence until we reached the city center. Then, Sajana pulled the car over to the side of the road and told me a story about her sudden onset of illnesses every summer. This story marked the starting point of my foray into the complex and mysterious realm of cursing. It also brought my attention to ways in which diverse afflictions are dealt with; in particular, the ones that are suspected to be triggered by curses. This article is concerned with forms of cooperation with and without consensus amongst different practi-

tioners, including shamans, lamas, and medical doctors, who are confronted with difficult medical conditions in post-Soviet Kyzyl.

Materials for the article were gathered during a twelve-month fieldwork conducted in the capital of Tuva and constitute part of a PhD thesis dedicated to the notion of curse. While investigating the mechanics of cursing in post-colonial milieu, I have also looked at different ways of conceptualizing illness through certain practitioners and their clients. In particular, I focused on the shamanic perception of affliction and observed how, despite significant epistemological differences, shamans cooperate with lamas and medical doctors in the process of removing illness. While gathering data, I worked primarily with one shaman and became closely acquainted with her network of clients. Such an approach might raise issues of generalizability and breadth of my findings. Nevertheless, without gaining the trust of the shaman (which is a difficult process) who had an established reputation within the community, I would have no access to the experiences and stories with which this article is concerned. My friendship with the shaman constituted a form of a confirmation and guarantee to the people I interviewed that I was someone that could be permitted into their flats and into their stories without causing any undue harm. Thus, it was only through a close contact with a particular shaman that I could unveil and grasp the characteristics of illness triggered by cursing and follow the ways in which it was confronted.

After the Soviet disintegration, like in many other parts of Siberia (see, for example, GRANT 1995, PEDERSEN 2011, SSORIN-CHAIKOV 2003), abrupt shifts in the economic and political landscapes had dramatic implications for the everyday lives of Tuvans. As stressed by my informants, people in Kyzyl struggled with rapidly increasing unemployment and poverty, triggering violence and crime. These challenges were also accompanied by the sudden proliferation of occult phenomena. In short, perpetual suffering and misfortune, including diverse 'physical' and 'mental' afflictions, became associated with widespread instances of cursing.

The proliferation of occult practices in post-colonial milieu occupies a critical position in anthropological discussions that concentrate on analyzing "modern" political, economic, and social

forms in post-colonial realms while emphasizing the notions of global capitalism and wealth (COMAROFF & COMAROFF 1999, WEST 2001, SCHRAM 2010), politics and power (GESHIERE 1997, ASHFORTH 2005), doubt and uncertainty (BUYANDELGERIYN 2007, BUBANDT 2014), ontological transition (PEDERSEN 2011), inventiveness (Swancutt 2012), urban sociality (DELAPLACE 2014, HÖJER 2004), and cultural revivalism (BALZER 2002, 2005, 2008, GRANT 1995). In the context of Tuva, the onset of occult phenomena and illnesses increased by the Soviet disintegration has been approached through focusing on the intertwining between state institutions (ZORBAS 2013) and shamanic societies (LINDQUIST 2005, PIMIENOVA 2013, STEPANOFF 2014). In this article, I contribute to these studies by showing how illnesses, conceptualized through curses, generate a particular network of cooperation amongst different practitioners.

The readings of illness through the prism of curses have particular implications for the processes of diagnosis, treatment, and cure. In Kyzyl, suffering clients tend to concurrently visit medical doctors, lamas, and shamans in order to secure the most efficacious outcomes. Consequently, in this article I engage with the efficacy as well as constraints of different epistemologies and practices employed in the presence of sudden illness associated with curse, and discuss their patterns of (co)existence and co-dependency. In short, I show how experiential knowledge of shamans silenced by the Soviets merges with philosophical trainings of the mind and thought exercised by lamas and biomedical and scientific knowledge offered in hospitals. In doing so, I also show how this merging constructs a platform of cooperation rather than that of fractures and conflicts. More than that, I demonstrate how curses constitute social actions which allow us to grasp wider sociocosmic dynamics involving humans and spirits alike, and which remain intimately interlinked with the experiences of illness described as being in "turbulence" (Rus. *turbulentnostb*), metaphorized in Tuvan as "swirls" (*ezinneldir*) and "whirls" (*duvulendir*). In this way, I seek to show how an examination of the phenomenon of curse in Tuva allows for a rethinking of treatments of illness which flatten its understandings to bounded and isolated units of "the body" and "the mind." Conversely, I argue, that within the context of curses,

sick bodies constitute “a dynamic trajectory by which we learn to register and become sensitive to what the world is made of” (LATOURE 2004: 206).

In order to substantiate my discussion, I first provide a brief description of the ethnographic context of Kyzyl while exploring three case studies which illustrate the process of dealing with different, particularly challenging medical conditions by both patients and practitioners. Thereafter, using a short vignette, I discuss the mechanics of cursing in Tuva and show how curses bring together notions of illness and personhood in an explicit fashion. In this way, they challenge readings of disease as contingent on an essential differentiation between the body and the self. Finally, while engaging with different healing practices, including medical doctors, lamas, and shamans, I demonstrate how within the ethnographic context of post-Soviet Kyzyl, these practices come together with and without consensus while producing a platform of complementarity rather than exclusivity.

Kyzyl

In order to get to Kyzyl, one first needs to travel through the Sajon mountains. The first view of Tuva is from the top of a mountain, when an enormous space of scattered hills suddenly opens up to reveal a long straight road leading to the capital. Kyzyl emerges abruptly from behind a hill when a taxi or a bus takes a sharp turn to the west at the end of this road. Each time I saw Kyzyl, I always thought it looked like a space station, an unfinished architectural project left on a distant deserted planet. In winter, the city, like any urban area in Tuva, is covered in dark and black clouds of soot. In summer, the streets are tormented by constant sandstorms and winds. The suburbs of the city consist mainly of small wooden houses, whereas the city center is distinguished by grey blocks of flats, often accompanied by fields of metal garages and massive electric power lines hovering over the city. The heart of Kyzyl includes a neat modern shopping mall with a sign in English reading “I love Tuva.” A university building, a cultural center, and numerous government establishments are also found in the vicinity of the main square. Nearby is a park boasting the Centre of Asia monument, a few hotels, and a coffee shop catering mainly to

tourists from Russia. Most buildings and roads are marked with endless cracks and deep holes giving the impression as if the city is being slowly consumed by the underlying steppe. Younger generations tend to leave Kyzyl and seek education and employment in other Russian cities, such as Krasnoyarsk, Novosibirsk, or Irkutsk. Those who decide to stay often stress the importance of family ties, as it is mainly through kin that one obtains some financial stability and general support in Tuva. Life in Kyzyl, as a majority of my informants stressed, is challenging in many respects and often remains hard to understand for outsiders.

Before the arrival of the Soviets, the Tuvans were a nomadic group consisting mainly of reindeer herders and hunters, as well as horse herders and pastoral nomads. The process of Sovietization initiated a variety of transformations in economic and social structures, including collectivization, sedentarism, eradication of clan systems and religious beliefs, codification of language, and universal education (see, among others, GRANT 1995, FORSYTH 1992). Given its remote location behind steep mountains, Tuva, unlike other indigenous territories in Siberia, managed to exist in a state of perpetual isolation during the Soviet period. Thus, the Tuvans have retained some of their traditions, such as shamanic practice, throat singing, and the Tuvan language (*ibid.*). Nevertheless, urbanization decreased the mobility patterns among Tuvans, and currently most live and work in the cities, such as Chadaan, Tura, and the capital, Kyzyl (PIMIENOVA 2013). Changes in living patterns, from migrating in small *aals*—an essential productive group referring to both a single yurt with a family and their animals or to a group of households moving together (VAINSHTEIN 1980: 243)—to existence in crowded blocks of flats concentrated in one place, has had a variety of implications for the social interactions among Tuvans, including the proliferation of cursing practices and diseases, such as alcoholism, depression, tuberculosis, and HIV, among others.

Healing cooperation: Sajana, Arzaana and Alexandr

Tuvans do not talk about curses. Cursing phenomena constitute a murky element of everyday happenings, the existence of which is ambiguous

and about which anyone rarely talks to strangers. Indeed, at the beginning of fieldwork, my informants pretended they did not hear my questions or angrily waved their hands towards the mountains stressing that a curse was a “dirty thing” (*hirlig chyył*) coming from “there” (*mynaar*), most often implying the Russians. Despite my interviewees’ assertions, magical business, as it was referred to by one of my friends, seemed to be blossoming in Kyzyl. The local markets, which sold everything from meat, cheese, fish, and clothes to jewelry and mobile phones, flourished with women called “gypsies” by Kyzylians. Every day, dressed in long dark skirts, their heads covered with colorful scarves, these women, the majority of them immigrants from Uzbekistan and Tajikistan, eagerly stopped people and offered different practices, including curse detection and infliction. A variety of posters displayed on the fences and walls of the buildings around the city encouraged future clients to call if they had queries about their love life, health, business, or curses. Television programs were interwoven with colorful adverts featuring fortune tellers boasting their magical services. My informants’ resilience and apparent obliviousness to these practices was fairly astonishing. Any questions about curses were consistently met with laughter and assertions that it was the doings of the Uzbeks, the Tajiks, or the Russians. The first person who decided to openly speak with me about cursing was the aforementioned Sajana. As we sat in the privacy of her car, she slowly started to unveil her story. Sajana described how, a few years earlier, she was competing for the position of headmistress at the English language department of the University of Kyzyl. The choice had narrowed down to her and another female teacher. Sajana won the appointment, which seemed to trigger her opponent’s anger. When Sajana returned from holiday, she suddenly became sick. The doctors struggled to find the cause of her condition; however, after a week she recovered and felt fine. A year later, around the same time, Sajana suddenly fell into a coma. Similar to her illness the year before, she recovered within a few days and woke up feeling perfectly well. Another year passed, and this time my informant was told she was suffering from leukemia only to ‘miraculously’ improve within the week. Encouraged by her husband, Sajana met with the

family lama, who gave her a string with sutras to wear as protection. She always wore it while traveling and always remembered to share it with her children and husband. Despite the lama’s help, however, Sajana still felt weak at times and worried about her family. Eventually, she decided to contact a local shaman. The shaman came to Sajana’s office in the early morning before anyone else arrived and instantly informed Sajana that she was suffering from a powerful curse inflicted by her rival from three years before. The shaman conducted a “cleansing ritual” (*aryglaashkym*) and provided Sajana with a personal “token” (*eeren*) that she was supposed to always carry with her for protection. Sajana claimed she never had any health related problems again.

Sajana’s story is but one example of a form of cursing battles constantly taking place “behind the walls” of the city. While continually following the shamans and gathering stories from my interlocutors, I have discovered how people in Kyzyl are incessantly engaging in occult practices, seeking revenge, trying to secure job positions, or ensure protection on a regular basis. These practices, as explained by my friends and informants, result in different illnesses, such as strokes, alcoholism, chronic bodily deformations, infertility, or tuberculosis.

After the collapse of the Soviet Union and throughout the 90s, Tuvans lived through a period of turbulent and unforeseen transformations (ZORBAS 2013). According to my interlocutors, neither the police nor any other state institution seemed organized enough to control pervasive chaos and fear. In fact, it was the police and doctors themselves who encouraged people to seek help from shamans. This, in turn, led to the institutionalization of shamanic practice and the concentration of shamans in the capital (PIMIENOVA 2013, STEPANOFF 2014). In turn, hopeless state institutions were often replaced by shamanic societies run by the shamans, who seemed to have more power in dealing with different afflictions and providing justice (ZORBAS 2013: 97). Nevertheless, with time, these shamans have become, as stressed by my informants, greedy businessmen. As a result, a network of individual shamans has been established. Today, even though shamanism triggers different responses among Kyzylians, shamanic practice is considered to be the last resort

in treating diverse fatal conditions. This, however, does not imply that shamans agree to treat every medical problem. In fact, medical doctors, lamas, and trusted shamans communicate with each other and, depending on the symptoms and causes of affliction, exchange and recommend patients with one another. This process also happens without consensus from different practitioners, when desperate sick people and their families seek help from anyone who is willing to offer it. Interestingly, shamans provide a very clear differentiation between illnesses triggered by curses and medical conditions resulting from other causes; for instance, when given afflictions constitute a part of the patient's "fate" (*chol*). In these cases, they often send their clients to doctors or, occasionally, lamas (in cases associated with behavioral issues) and stress that the condition does not require help from a shaman, but rather a different practitioner. Moreover, if the patient's condition is severe and cannot be improved, because, for instance, the person is suffering as a result of deeds committed in previous lives, then the shamans may refuse to treat the person. These forms of cooperation, instigated by the shamans, are illustrated in the following two case studies.

Working with the shaman Ajny and participating in her daily meetings with clients, I became familiar with the case of Alexandr, his wife, and daughter. Alexandr was brought to Ajny by his family while suffering from an inexplicable stomach ache. The family, driven by the shaman's impeccable reputation, was convinced that the problem was caused by cursing and could be successfully managed through a curse deflection ritual. Nevertheless, upon the man's arrival the shaman instantly recognized some sort of a dark substance in his stomach. After conducting divination, she revealed that Alexandr was not suffering from a curse infliction. Instead, his condition was a part of his fate and constituted a case for a medical doctor. The family left deeply disturbed, and accused the shaman of malpractice. A few months later, we found out that Alexandr died from stomach cancer. His wife and daughter visited Ajny again and, while profusely apologizing, asked her to conduct a cleansing ritual for the whole clan.

Another story concerned Arzaana, a newly married retail assistant. Arzaana was deeply trou-

bled by her husband's unpleasant behavior. As she explained to Ajny, the man suffered from sudden outbursts of anger and violence followed by a flair for drinking and a lack of interest in any activities. The shaman associated these symptoms with depression. After conducting divination, she decided that her services would not be very efficient. She explained that the condition was a consequence of a curse inflicted due to the victim's deeds performed in previous lives. She suggested that Arzaana and her husband should visit a lama, Bajchak, instead. As Ajny explained it to a surprised woman, lama Bajchak was a specialist in teaching people why they behave in a certain way and how their actions might harm others (a practice which can be easily compared to a form of psychological treatment). It was, according to the shaman, the most promising way of confronting this form of a curse which extended into previous lives, rather than being caused by a current conflict with another person. Arzaana left disappointed; nevertheless, she promised to follow the shaman's advice. Unfortunately, we never heard back from Arzaana, and I was therefore not able to find out whether she fulfilled her promise and whether her husband got any better.

These short case studies illuminate how, in the presence of diverse afflictions, victims may seek help from different practitioners while hoping to quickly alleviate their suffering. More than that, these afflictions are often associated with instances of cursing (see also ZORBAS 2013). Before discussing further how this processes develops a network of cooperation with and without consensus amongst different practitioners, it is essential to understand what it means to suffer from affliction triggered by curses and what kind of implication this has for conceptualizations of illness and its treatment. Thus, in the next section I provide a short summary of how my informants have described to me their experience of being cursed and, consequently, being sick.

What curses are

Curses in Tuva are described as floating energies (*kyshter*) which bring disturbance upon the victim. The Tuvans recognize two main types of curses; *chatka* ("curse") and *kargysh* ("gossip"), actualized through muttering bad words (*ass-dyldy-bile*) and

thinking bad thoughts (*bodal-sagyzyzy-bile*). Nonetheless, both *chatka* and *kargysh* are used interchangeably with reference to curses in general, and often, especially in shamanic hymns and chants, as one expression *chatka-kargysh*. Differences between the two are subtle and in fact, it is only the shamans who could easily provide a clear differentiation between them. *Chatka* occurs when a person intends to harm another person; however, in order to do so, one must turn to a strong shaman for help (*shydaldyg ham*). Inflicting *chatka* is mainly intended to result in a broken leg, a stroke, a prolonged disease, and, in the worst cases, death. *Kargysh* can be invoked without shamanic help and is often followed by spitting (*duk-puzu*) or throwing (*dovuraa*) sand or soil. *Kargysh* may result in sudden misfortune and a decline in wellbeing. Among other types of curses recognized by the Tuvans, the most difficult to deflect is the clan curse (*doora nugul*), which can affect descendants in both female and male lines. It holds for at least seven generations and is inherited by blood. Clan curses are usually associated with a variety of perpetual problems, ranging from obstacles in relationships to poverty or general constant turmoil in life, and commonly ascribed to all forms of disabilities that children are born with, such as autism, bodily deformations, or deafness.

Curses, when inflicted, gain their potency immediately. Moreover, they are said to operate within a time frame that reaches far into the past. In short, the possibility of suffering from curses is contingent on the previous lives of the victim. In this way, curses are intimately intertwined with the Buddhist karmic system which determines one's susceptibility to curses by the deeds one had executed in previous lives. Given this, people who suddenly fall ill and subsequently die are described as those who in their previous life had intended to kill by lying, gossiping, or wishing death upon another person. In a similar manner, the aforementioned disabilities, if not accounted for as a clan curse, are often considered to be a result of an attempt to curse or harm someone in a previous life.

The agency of inflicting misfortune and curse in Siberian cosmologies is often attributed to aggrieved ancestors (HUMPHREY 1996), neglected spirits (PEDERSEN 2011), or to human-human interactions (SWANCUTT 2012). In Tuva, the machin-

ery of curse is a complex matrix of relationships which involve people and spirits alike. Curses acquire their initial potency explicitly from the bad intentions of the humans. However, the mechanics of curse require at least three actors for the curse to be successfully inflicted. This triadic relationship involves the victim, the curse caster, and the spirit which inflicts curse on behalf of the cursing person. In short, people have no agency in casting curses, as they have to be carried out by one of the spirits. In most cases, this procedure requires the simultaneous presence of the shaman as clients turn to them to summon the spirits, as well as ensure particular results of curse i.e. death, broken limbs, addictions.

The spirits responsible for inflicting curses come from the group of *aza* ("evil") spirits associated with dark forces. They are referred to as *Chetker* and *Buk*, and are seen to work for the shaman or along with him or her in the process of curse infliction. *Chetker* spirits are meant to come from the "country" (*oran*) where the yellow river flows, where *aza* spirits sit in circles in front of their yurts and smoke pipes. *Buk* spirits live among people, linger in the streets or wander around the steppe. Both spirits are attributed with particular physique. *Chetker* is described as having only a half of the face as well as decomposing or rotten body whilst *Buk* wanders in dirty, shredded clothes. Once the spirits hear ill words spoken or notice a nasty look cast by a person or find themselves directly summoned by the shaman, they begin to inflict harm upon the victim by placing them in a state of turbulence, often equated with being sick.

The experience of illness

In Tuva, when someone is under the influence of a curse, people say that they "run down the roads like a tornado" (*oruk ezinneldir mangnaar*). The spirits inflicting curses enter the body of the victim through the head (*besh*) and nest in the stomach, intestines, or chest. As my informants explained, they particularly like to "stick" (*hyrbalanyr*) to the physical body. Sometimes, rather than entering the body, the spirits begin to live with the victims, observe them, and follow them in their everyday routines. Whilst doing so, they are said to take on different forms—becoming an-

imals such as dogs, serpents or mice, or on other occasions, transforming into a beautiful woman or taking on the physique of deceased relatives.

Once inside the victim's physical body, the spirits begin to interfere and "disturb" (*üreer*) the client's emotions, their interactions with other people, and their health while causing "whirls" (*ezinneldir*) and "swirls" (*duvulendir*), described also as turbulence. People suffering from curses may become unpredictable in their decisions and reactions, doing and saying things uncharacteristic of their usual behavior. Their behavior is meant to resemble the erratic waves of the wind. Victims can do things without remembering their actions. They often feel paranoid and convinced others are staring at and talking about them. Sometimes people feel deeply disturbed and become unwilling to engage in their usual activities.

Simultaneously, the physical body begins to become polluted and curses are expected to sediment in the form of mud (*hir*). The physical dimensions of curse are diverse; however, the most common symptoms are having a different smell, changes in skin color (the skin may become yellow), and bags under the eyes. Some people may have red, silver, or gold breath (especially near death). The inner organs might be crushed or moved and sometimes may turn black. Along with the sudden onset of different medical conditions, such as heart attacks or strokes, it is very common to additionally suffer from drinking problems, clumsiness, violence, and aggression, as well as vivid dreams in which spirits might try to kill the victim. These symptoms, especially with strong death curses, may result in death.

Sociocosmic drama

The crucial reason why the spirits are eager to help in inflicting curses is that, similarly to people, they struggle with their own being. Their own countries are economically tormented and destroyed and they feel poor and lonely. Casting curses allows the spirits to become closer to the spaces where humans live. As the shaman explained it to me, the human country is very appealing as it seems rich and economically stable. Consequently, living in, on, or around human physical bodies is "like being in a five-star hotel with all the associated luxury." The process of curse de-

flection, which relies heavily on sending the spirit back to where they came from, is, therefore, very dramatic. The spirits cry and howl, they often beg the shaman to stop and ask why the shamans are being so cruel, or why they do not let them stay. It is common for the spirits to use physique of a deceased relative and, in this disguise, accuse the shaman of keeping the deceased away from his family. In the shamans' descriptions, these emotionally dense negotiations can be grueling and tormenting for both the shaman and the spirit.

Moreover, there are also particular ways through which people try to protect themselves from *aza* spirits, often based on the combination of trickery and amulets. After each curse deflection ritual, the shaman provides the client with a special token which is sometimes inhabited by a protective spirit. These tokens, however, have to be blessed annually with juniper otherwise they may lose their protective energy. There are further methods by which *aza* spirits can be tricked. For instance, wearing a hat the other way around or wearing clothes inside out while traveling is the best way of fooling *Chetker* and *Buk*. There are, concurrently, particular methods of protecting children which also apply to the foreigners who decide to closely interact with the shamans. These tricks include placing soot on one's nose while walking at night or caring a protective token, such as the palm of a bear. Very often children are called *öjze cögleer* ("horrible names"), for example "you shit boy" (*myjak ool*), "glutton boy" (*hymtak ool*), or "blue stomach boy" (*kok hyryn*). These names are supposed to disinterest spirits willing to inflict any harm upon the children.

Indeed, the phenomenon of curse in Tuva constitutes a sociocosmic drama which is predicated not only on conflicts between the humans, but also on the tensions which directly concern the spirits. On the one hand, people in Kyzyl are dependent on *Chetker-Buk* spirits to inflict curses, while also constantly engaging in different ways to trick them to avoid becoming victims themselves. On the other hand, spirits strive to live around people and interfere with their lives while protesting and lamenting when deprived of this possibility by the shamans. In this way, illness, rather than being perceived as a particular kind of physical or mental disturbance, is associated with the unfolding of wider sociocosmic dramaturgy which

involves spirits and humans alike and constitutes an imminent aspect of Tuvan sociality. In order to fully grasp this process, it is essential to discuss the Tuvan conceptualization of personhood, which represents neither a holistic image nor is pervaded by the concepts of mind, body, and soul understood as discrete and isolated parts.

Suffering bodies, cursed person(hood)

When I asked one of the shamans what it means to be a person, she told me that people are like growth rings in the trunk of the tree. Indeed, according to my informants, every person is meant to be constructed from numerous interdependent layers gathered around one central point, *sünezin* (“soul”), producing thus a concentric model of a person, a point to which I will return to later in this article. While *sünezin* is considered static (*shimchenir chok*), the following layers can be high (*bedik, uzun*), meaning robust, or low, (*kyska, chavys*), that is, weak, depending on a variety of factors, including the presence of illnesses and curses. Before I engage with the implications of this structure for the further analysis of illness and healing in the ethnographic context of Kyzyl, I first provide a brief description of the layers that come together in order to produce a person in Tuva.

Every *sünezin* remains strictly connected with *sülde* (“emblem”), the following layer. *Sülde* is always meant to be high, that is, strong, and indicates whether a person finds themselves in a state of overall balance or disturbance. Often, if *sülde* is lowering, people become particularly clumsy and lose the ability to work with their hands. Subsequently, if *sülde* is low, it indicates that a person is vulnerable and easy to manipulate, can quickly become sick, commit crimes, or turn into an alcoholic. Another layer, *sülde-sunezini* (“the state of the body”), indicates whether the person is healthy or suffering from a physical illness. The next layer, *kudu-sunezini* (“consciousness”), reveals illnesses that in biomedicine would be associated with the mind, such as depression. Finally, the *tura-coruu* (“physical appearance”) layer refers to peoples’ general conduct in everyday life. If it is low, the person stops taking care of themselves, becomes “dirty” (*hirlig*) and wears shredded clothes. Low *tura-coruu* leads to further problems with education, work, and communication with other people.

When the Tuvans describe what constitutes a person, they concurrently mention *sagysh* or *sagysh satpa* (“thoughts”, “plans, dreams”), a layer which indicates the person’s ideas, and goals, as well as unfulfilled plans or promises. Apart from *sagysh/satpa*, the Tuvans recognize *setkil* (“mind”), which refers exclusively to thoughts, as well as *setkil endeves* (“emotions”). All of these aforementioned layers are held together by breath (*thyn*). Colored breath usually indicates the person is nearing death. The shamans recognize silver breath (*serch thyn*), which indicates that *sünezin* is about to leave the body as well as gold (*ak*) and red (*kyzyl*) breath, which imply imminent death or the presence of curses. People can still breathe without *sünezin*, nonetheless, death is highly expected. Once breath is cut off, each layer of the person begins to separate. *Sünezin* and *sagysh satpa* linger between the spaces of humans and spirits whilst the rest of the layers vanish and the physical body is disposed of and forgotten. After *sünezin* leaves the body, it takes seven days for it to realize it has been separated. It then embarks on a journey, usually guided by a shaman, to seek a place where it can be reborn. After forty-nine days a ritual is conducted during which the gates to the previous life are closed by a shaman, and a *sünezin* is reborn as either a spirit, a human being, or an animal, and the person who passed away is not to be mentioned again afterwards.

In Tuva, similarly to other animistic cosmologies (see, among others, PEDERSEN 2011, TAYLOR 1996, WILLERSLEV 2007), body and soul are not grasped in terms of essence and appearance where the latter becomes a vessel for the former. Instead, a prototype of a person is defined by “a variable outer physical covering and a constant inner being” (ARHEM 2016: 14). Being reborn as a person (*kizzi*), rather than spirit (referred to by their proper names, for instance, *chetker*) or animal (*amytan*), is considered as the highest possible privilege. Every being has *sünezin*, which remains eternal (*möngö*). Humans differ from spirits by having breath and blood (*han*). Subsequently, humans are differentiated from animals by humans’ aforementioned concentric structure in which corporeality, emotions, and cognitive processes remain imbricated in one another through *sünezin*. Once *sünezin* is reborn as a person, it becomes an immobile center, an essential grain

around which the following layers may grow and develop. In other words, in order for the life to happen, a person has to be centered, that is, rooted, and in this way it requires a “point of origin” (TSINTJILONIS 1999: 640). Given this, personhood constitutes a concentric structure with people separated from each other not because they are bounded by, for instance, skin and thus possess a clearly differentiated inside and outside. Conversely, rather than being closed to the outside and thus essentially different, people “are turned in on their own center” (POULANTZAS 1980: 101). As a result, they remain perpetually open and thus susceptible to the feelings, wishes, and actions of others. Consequently, social interactions become a key contributor to the individual’s health and sickness rather than remain discontinuous with it.

Subsequently, the concentric structure of Tuvan personhood illuminates how mind, soul, and body, even though recognized among Tuvans, are not perceived as discrete, independent or isolated from each other. This perception of a human being challenges the readings of illness as associated with the mind or body alone prevailing in the Cartesian concepts of the autonomous “self”, “individual” etc. (SCHEPER-HUGHES & LOCK 1987: 9). Unquestionably, illnesses triggered by curses generate concrete physical images and affect concrete bodily organs, such as the heart or limbs. Nevertheless, these sick bodies are not abstracted from the social situation in which bodily acts are involved. For instance, malfunctioning livers or kidneys are not considered as a cause of illness, but rather as a symptom of tensions entailing humans and spirits alike. In this way, sick bodies are a part of the overall evidence of the presence of a cursed personhood and, crucially, the embodiment of wider sociocosmic politics.

This specific conceptualization of illness and personhood has particular implications for the forms of diagnosis, treatment, and recovery. As in the case of Sajana, Arzaana, and Alexandr, many Tuvans in the presence of sudden or chronic illness often seek help from different practitioners, including medical doctors, lamas, and shamans. In the final section of this article, I discuss how these practitioners, with or without consensus and despite different understandings of disease, produce a platform of cooperation rather than that of exclusion.

Cooperation with and without consensus

During my stay in Kyzyl, I came across four hospitals, three of which were dedicated primarily to children’s care. The most modern one, with a new building and working website, was exclusively dedicated to birth and prenatal care. Children are considered by Tuvans to be the highest form of wealth, and are treated with great care and respect. The hospital which took in adults was situated in an old Soviet building, and incited dread amongst my informants. It was often overcrowded and understaffed, as the majority of the trained doctors prefer to leave Tuva and find a better job somewhere else. Indeed, being admitted to a hospital was something my informants preferred to leave until the very last minute. Moreover, getting proper treatment often required additional payments. As a result, when suffering from a medical condition, my friends and informants preferred to visit not only doctors, but also lamas and shamans in order to secure the most efficient treatments and results.

It is common for the doctors to invite recognized shamans to the hospital, where they help in the most challenging or fatal cases (ZORBAS 2013: 93). It is not unheard of, as I was told by Ajny, for doctors to visit shamans themselves, albeit always in deep secrecy. Sometimes, doctors who are feeling hopeless about further treatments or overloaded with cases would discreetly encourage their patients to visit trusted shamans. This was the case of one of my informants, Sulchuk. Sulchuk was a young German language teacher who already had two daughters, but was hoping to have more children. A few months before arriving at the shaman’s office, she had been told she suffered from a complex injury to her ovary, resulting in infertility. While her doctor gave her no chance of ever getting pregnant again, she also discreetly suggested trying another option, like visiting a trusted shaman. Taking her doctor’s advice, Sulchuk arrived at Ajny’s door. After a lengthy divination procedure, the shaman revealed that Sulchuk suffered from a curse inflicted by her friend. The woman responsible for cursing turned out to be jealous of Sulchuk’s stable and healthy family. The shaman performed a short cleansing ritual while brushing off invisible “dirt” (*hir*) from Sulchuk’s stomach and head. They agreed to conduct

an outdoor ritual during which the shaman would ask for the spirit's help in removing the curse. Two weeks later, the ritual was conducted in the presence of Sulchuk's family members. A few months after, I accidentally ran into one of Sulchuk's relatives who happily announced that Sulchuk was indeed pregnant. The story of Sulchuk did not constitute an isolated case. While working with Ajny, I learned about her brother, also a shaman, who had incredibly strong powers in dealing with critical medical cases. Given his well-established reputation, Ajny and her brother would receive in their yard, from time to time, ambulances with fatally sick people, sent to them by desperate doctors. While working with Ajny's family, I became aware of her heart problems. Interestingly, she insisted on visiting doctors in different hospitals, mostly outside of Kyzyl, emphasizing that it was a medical condition stemming from her fate and, thus, had to be dealt with by a doctor.

The system of cooperation entails not only doctors and shamans, but also lamas. Introduced in the eighteenth century during the Manchu empire (PIMIENOVA 2013: 121), Buddhism led to a quick development of Buddhist clergy in Tuva. As I noticed during my fieldwork, most of my friends and informants were declared Buddhists, which did not prevent them from visiting shamans. Shamans are considered to offer practical, immediate solutions whereas lamas are expected to provide teachings and temporary protections. Even though lamas have a very skeptical approach towards curses, in some cases, they do encourage their clients to see a trusted shaman with whom they are usually good friends. This happens, in cases like Sajana's, when a person suffers from an onset of regular recurring medical conditions that cannot be explained. In a similar manner, if a shaman's client suffers from an affliction which makes them, for instance, suddenly aggressive, like in the case of Arzaana's husband, then the shaman might direct the person to a chosen lama. According to shamans, it is the lamas that work best with peoples' personalities and troubling behavior. Moreover, shamans and lamas often meet together to discuss the different ills of society and cooperatively seek solutions to the variety of problems tormenting their clients. Interestingly, as emphasized to me by Ajny, amongst doctors, lamas, and shamans it is the latter that are consid-

ered as the ones with the most thorough understanding of peoples' sufferings, as they regularly visit Kyzylians in their homes and families.

Within the ethnographic context of Kyzyl there are certain overlaps between shamans, lamas and medical doctors in terms of not only patients' exchange and referral, but also methodologies and patterns of practice. For instance, in the 90s, it was common among the shamans to receive a certificate at the end of their training (PIMIENOVA 2013: 128). These certificates, resembling a medical doctor's diploma, stated the shaman's specialization, such as eye problems, fertility, and so on (*ibid.*). Currently, given gradual disinterest among people towards formally organized shamanism, these trainings and thus certifications are no longer occurring. Nonetheless, as I have witnessed myself, on some occasions, shamans continue to codify different ritual proceedings in a form of personal notebooks which they use when interacting with young adepts of shamanic practice, most of them coming from Europe or North America. In these notebooks, each ceremony description is followed by clear indications of which aspect of the client's life it may influence and how one should prepare for it. This methodological cooperation extends concurrently to shamans and lamas. For instance, shamans base their divination practice as well as future predictions solely on the astrological calendars that are annually prepared by lamas. Consequently, shamans and lamas often jointly participate in a variety of ceremonies, for example deflection of clan curse, in order to strengthen or multiple the efficacy of their practice (LINDQUIST 2005). During these rituals, my informants described lamas as the quiet practitioners who offer prayers and protection whereas the shamans were seen as expressive and creative negotiators who directly engage with the spirits and whose behavior is unpredictable.

The forms of cooperation between shamans, lamas and doctors may also occur without consensus. For instance, one of my informants, after a very complicated surgery, was adamant to visit a shaman in order to ensure recovery and the safe prolongment of his life. He suffered from some kind of liver failure which, according to a shaman, was triggered by curse. His doctor, on the other hand, insisted that the man's condition was caused by excessive drinking and poor diet rath-

er than cursing. This, however, did not stop the patient from seeking additional help. In a similar way, many of my informants, while dealing with different illnesses, despite being given a clean bill of health or receiving a full explanation regarding the causes of their predicament from doctors, would still seek shamans' support in establishing the cause of their suffering and making sure it does not return. Interestingly, apart from doctors it is also lamas who criticize and discourage continuous visits to shamans. As one of the lamas summarized it, it is easier to rely on cursing rather than facing the actual issues causing the problems.

Despite these tensions, as indicated above, people in Kyzyl usually seek help from all three practitioners in order to cover every possible angle of their predicament, from medical to socio-cosmic. Like in cases of Sajana and Arzaana as well as my other informants looking for additional protection after their surgeries, this constitutes the most efficient way of confronting diverse afflictions. These afflictions may originate from the deeds performed in previous lives, be associated with current instances of cursing as well as reflect one's fate. More than that, as one of my informants explained it to me, people in Kyzyl often believe that medical treatments have limitations. As a result, it is common to assume that it is only the shaman who can truly and fully heal a patient, as they are the practitioners who understand what it means to be a human being. Consequently, rather than focusing exclusively on a sick organ, like medical doctors, the shamans concentrate on the wider network of interactions which bind the victim, the spirit, the family, the place they live in a sociocosmic knot, the knot which when carefully navigated may allow for a successful cure. Moreover, interactions with spirits and people and thus, possible exposure to curses, are constituent of everyday sociality in Tuva rather than incompatible with it. In short, the instances of being cursed are not associated with a system of beliefs, but rather are approached as the aspect of everyday social interactions. Given this, any medical issue triggered as a result of curse infliction has to be confronted not only by a doctor, but also by a shaman in order to ensure full and successful recovery.

Conclusion

In conclusion, within the ethnographic context of Tuva conceptualizations of illness are tied to the mechanics of curses, which are in turn embedded in sociocosmic politics. This challenges readings of disease as confined to the workings of the body or the self alone. The concentric structure of a person becomes disturbed and thus turbulent as a result of illness triggered by curse, which, in turn, has wider implications on the treatment options that patients look for. In the challenging context of post-Soviet Kyzyl, different practitioners—shamans, lamas, and medical doctors—seek one another out in mutual support and cooperation while struggling to alleviate their patients' suffering. More than that, given diverse causes of medical problems, patients prefer to simultaneously visit different practitioners in order to secure the best possible results. Consequently, Tuva society weaves together different forms of practices and engagements with the world—spirit and human alike. In the presence of sudden and fatal illnesses or chronic afflictions associated with curses, biomedical approaches overlap with the experiential knowledge of the shamans, and philosophical understandings of suffering offered by the lamas to produce a unique healing landscape of complementary opposites rather than antagonistic possibilities.

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Manuscript received: 27.10.2017

Manuscript accepted: 27.04.2018



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